

AC 44121 (1) TUNBRIDGE

WELLS



BOROUGH OF ROYAL TUNBRIDGE WELLS.

# ANNUAL REPORT

OF THE

**Medical Officer of Health**

AND THE

**School Medical Officer**

**For the Year 1926.**

F. C. LINTON, M.A., M.B., Ch.B., D.P.H.

Tunbridge Wells—  
BALDWIN, GROSVENOR WORKS.

1129/27.





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# BOROUGH OF ROYAL TUNBRIDGE WELLS.

## HEALTH COMMITTEE :\*

Mr. Alderman CARPENTER (Chairman).

THE MAYOR (Mr. Alderman C. E. Westbrook).

Mr. Alderman CALEY.  
Councillor Miss BAKER.  
Mr. Councillor HARGREAVES.

Mr. Councillor HEMPSON.  
Mr. Councillor OATEN.  
Councillor Miss POWER.

## MATERNITY AND CHILD WELFARE COMMITTEE :\*

Mr. Alderman CARPENTER (Chairman).

THE MAYOR (Mr. Alderman C. E. Westbrook).

Councillor Miss BAKER.  
Mr. Councillor BOOTES.  
Mr. Councillor HARGREAVES.  
Mr. Councillor OATEN.  
Councillor Miss POWER.

Mr. Councillor HEMPSON.  
Mrs. PAYNE.  
Miss SCOTT.  
Mrs. HAMMOND.

## STAFF :

### Senior Sanitary Inspector :

H. T. TAYLOR, M.R.S.I., M.S.I.A.

### Inspectors :

E. J. WELLS, A.R.S.I.      W. P. CAVE, A.R.S.I.      E. J. A. BETTLE.

### Clerk :

F. HICKS.

### Second Clerk :

H. J. BELLINGHAM.

### Health Visitors :

Miss F. CLARK.  
Miss E. RICE OXLEY.

Miss J. DONALDSON.  
Miss A. I. PONTING.

### Matron of the Isolation Hospital :

Miss E. BROCKLEHURST.

### Public Analyst :

A. H. M. MUTER, F.I.C.

### Medical Officer of Health and Medical Officer for Maternity and Child Welfare :

F. C. LINTON, M.A., M.B., Ch.B., D.P.H.

\* The present constitution of Committees is given above.



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*To the Mayor, Aldermen and Burgesses of the Borough of Royal Tunbridge Wells.*

I have the honour to submit to you a report upon the sanitary circumstances and vital statistics of the Borough for the year ending 31st December, 1926.

This report is the first of the quinquennial period 1926-30, upon which the Ministry of Health requires a survey report in the final year.

Measles and Whooping Cough were prevalent amongst the children of the Borough during the spring months. Influenza was not so rife as it has been of late years. The notifiable infectious diseases were largely absent during the year, so much so that the Isolation Hospital was on one or two occasions devoid of patients.

The question of improving the methods of refuse disposal in the Borough was taken into serious consideration, with a view to future action.

A Ministry of Health enquiry was held in November, 1926, in response to an application to extend the water supply of the Borough. The Council's application was approved and steps are now being taken to sink a fresh borewell in an area situated to the north-west of the Borough between the villages of Speldhurst and Penshurst.

Greater attention is now being paid to the delicate and to the defective child, and it is hoped that before long a school for the instruction of delicate children under healthy open-air conditions, may be available and may become part of the Local Authority's equipment.

I desire to express my thanks to all the members of my staff and to the Mayor, Aldermen and Councillors who have so actively supported and encouraged me in my duties during the past year.

I am, Ladies and Gentlemen,

Your obedient Servant,

F. C. LINTON.

## 1.—General Statistics.

CENSUS 1921.	{	Area (acres), 3,991.
		Population, 35,568 (preliminary figure).
		„ 34,270, corrected for holiday population by Registrar-General.
		Number of structurally separate sets of premises intended or used for habitation, 8,178.
		Number of separate occupiers, 8,774.

Population, Mid-year 1925, 34,430 (Registrar-General).

Number of houses intended or used for habitation 8,402

Number of inhabited houses ... .. 8,297

Rateable value, £367,564.

Sum represented by a penny rate :—

On Borough Rate ... .. £1,459.

On General District Rate ... .. £1,440.

Mean annual temperature, F. 50.3.

Total rainfall, 29.78 inches.

Hours of bright sunshine, 1458, hours, 12 minutes.

## 2.—Extracts from Vital Statistics of the Year.

	Total.	Males.	Females.
Births—Legitimate ... ..	426	215	211
„ Illegitimate ... ..	32	15	17
Still Births ... ..	21	10	11

Birth rate (Registrar-General)

13.3 per thousand.

Deaths ... .. 468 187 281

Crude death rate (Registrar-General), 13.6.

Death rate corrected for age and sex constitution, 9.9 per thousand (factor for correction, 0.731).

Number of women dying in, or in consequence of, child birth—  
—from sepsis, 0 ; from other causes, 1.

Deaths of infants under one year of age, per 1,000 births :—

Legitimate, 51.6 ; Illegitimate, 187.5. Total, 61.1.

	Total.	Males.	Females.
Deaths from Measles (all ages)	3	1	2
„ „ Whooping Cough (all ages) ...	0	0	0
„ „ Diarrhœa, etc. (under 2 years of age)	2	1	1

## NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

### 1.—Population.

The population at mid-year in 1926, as estimated by the Registrar-General, was 34,430. It is probable that this figure is under-estimated and that the actual population is about 36,000. The census correction for holiday population was misleading, as numbers of the residents were abroad on holiday at the time of the census and no note was taken of these as a set-off to deductions for holiday immigrants.

### 2.—Physical Features and General Character.

The Borough of Royal Tunbridge Wells covers 3,991 acres. It is built upon hills, the altitude above sea level varying from 220 feet at the bottom of the valley in which the historic mineral springs are situated, to 500 feet at the Blackhurst Collecting Reservoir; most of the houses stand at a level between 300 and 450 feet. Its climate is therefore breezy and bracing, with sheltered spots for those who live in the valleys. It lies in the extreme south-west corner of Kent,  $34\frac{1}{2}$  miles from London. The sub-soil is mostly sandstone, the geological layer known as Tunbridge Wells sands predominating. The water supplies for the Borough are drawn from a deeper sandstone layer known as the Hastings sandstone; the supply is pure and soft. During the year 1926, sanction was obtained from the Ministry of Health to open a new borewell so as to increase the amount available; this work will shortly commence.



### 3.—Meteorological Notes.

The records of the Municipal Meteorological Station, which is one of the official auxiliary stations reporting to the Meteorological Office, are kept by the staff of the Health Department and have been so kept since 1st July, 1914. The instruments are situated in the Calverley Park, with the exception of the Sunshine Recorder, which is established on the roof tower of the Earl's Court Hotel, Mount Ephraim, and the Standard Barometer, kept in the Health Office.

The readings are taken by Mr. E. J. Wells and Mr. W. P. Cave, members of the Staff of the Health Department.

The annual inspection of the station by an inspector of the Meteorological Office took place on 28th April, and the report on the station was satisfactory.

The total amount of sunshine recorded was 1,458 hours 12 minutes. The mean amount is 1,519 hours 12 minutes. The most sunny day was 30th June, when 14 hours 18 minutes were recorded. There were 71 sunless days, 70 being the average.

The highest temperature in the sun was 142 degrees, on 12th July.

The mean temperature in the shade for the year was 50.3 degrees, the average being 49.1.

The mean daily range was 13.9, the average being 14.6.

The temperature in the shade four feet above the ground, was highest, 84 degrees, on 14th July and 19th September, and lowest, 17 degrees, on 17th January.

The temperature in the shade first reached :—

60 degrees on 2nd March.

70 „ „ 25th May.

80 „ „ 11th July.

last reached—

80 „ „ 20th September.

70 „ „ 6th October.

60 „ „ 15th October.



The hottest nights were on 31st August and 7th September, when the temperature did not go below 63 degrees.

The last frost in the air in spring was on 7th May and the first in the autumn was on 18th October. The last on the grass in spring was on 25th June, and the first in the autumn was on 22nd September.

The rainfall amounted to 29.78 inches, the average being 30.35 inches. It fell on 170 days, the average being 173.

The most rain that fell on one day was 1.64 inches on 13th November.

The wind at 9 a.m. was N. 30 days, N.E. 53 days, E. 16 days, S.E. 45 days, S. 37 days, S.W. 98 days, W. 46 days, N.W. 39 days. One day was calm.

The mean amount of cloud at 9 a.m. was 6.8, this being the average; ten representing overcast. Thunder and lightning occurred on 11 days.

There were 13 fogs, and it was misty on 54 other mornings.

METEOROLOGICAL NOTES.

Months.	Sunshine.		Rainfall.		Mean Temperature.		Temperature Underground.			
	In Hrs.		In Inches.		In shade, 4ft. above ground.		One Foot.		Four Feet.	
	1926.	12 Year Average.	1926.	46 Year Average.	1926.	36 Year Average.	1926.	26 Year Average.	1926.	12 Year Average.
January ...	Hrs. 57 Mins. 12	Hrs. 47 Mins. 48	3.31	2.60	°F 39.6	°F 38.5	°F 41.2	°F 39.8	°F 44.0	°F 44.1
February ...	40 54	66 48	2.36	2.30	45.4	39.5	44.1	39.5	44.6	43.2
March ...	131 0	110 48	0.48	2.36	44.4	41.7	44.8	41.8	45.7	43.6
April ...	129 24	136 30	4.48	2.00	48.9	46.5	48.8	46.5	47.9	45.8
May ...	166 0	217 12	1.90	1.94	51.5	53.0	52.7	54.1	50.2	50.5
June ...	182 6	202 6	3.44	1.95	56.5	57.8	59.1	60.0	55.2	55.8
July ...	188 18	194 48	1.99	2.34	62.7	61.4	63.6	63.1	59.5	58.7
August ...	204 18	180 24	1.07	2.32	62.4	60.7	63.1	62.6	60.9	60.1
September ...	140 36	147 30	0.51	2.22	60.4	56.9	61.9	58.5	61.6	59.1
October ...	105 0	109 48	2.54	3.63	48.0	50.1	52.5	52.6	57.1	56.0
November ...	41 36	64 54	7.07	3.35	44.9	43.1	47.1	45.3	51.3	50.6
December ...	17 48	40 36	0.63	3.34	39.1	40.1	41.8	41.7	47.2	46.3
WHOLE YEAR	1,458 12	1,510 12	29.78	30.35	50.3	49.1	51.7	50.5	52.1	51.2

#### 4.—Social Conditions.

Tunbridge Wells is a residential town to which many persons retire from business to spend the latter part of their lives ; it also serves as a residential town for London business men, for whom there is a good train service to town in the morning, and back in the evening : and it is a large shopping centre. The occupations of the inhabitants are governed by these conditions ; there are no large factories, but there are numerous motor works and garages ; house painters, builders, builders' labourers, gardeners, drivers and conductors of motor chars-a-banc, and for the female population ; laundries and domestic service. There are also many shop assistants of both sexes, as Tunbridge Wells is a shopping centre for a considerable area. Some of the inhabitants are employed at the Tunbridge Wells Brickworks situated just outside the Borough boundary ; the Photochrome Works employ a number of girls.

#### 5.—Recreations.

The large and breezy Commons in the centre of the town form a perpetual source of pleasure and of interest to visitors and inhabitants alike. Numerous heathful recreations are provided ; in Calverley Park, situated in the centre of the town, the Corporation has recently formed a charming pleasure ground in which tennis courts, a miniature golf course and a bowling green are all available. Bands play daily during the summer season. In addition, facilities for tennis and bowls are provided in other public parks. There are two golf courses within the Borough boundary, viz. :—the Culverden (18 holes) and the Spa (9 holes), and a third, Nevill Golf Course (18 holes), is situated within easy access just outside the Borough boundary. There are ample facilities for football and cricket, county matches being played here during Cricket Week in July. Facilities for swimming are provided at the Indoor Baths and at the Open-air Bath.



## VITAL STATISTICS.

**Births.**—From figures supplied by the Registrar-General the total number of births *registered* as properly belonging to Tunbridge Wells is 458 (230 males, 228 females). This corresponds to a rate of 13.3 per thousand, as compared with 12.6 per thousand in 1925. Fifteen males and 17 females were born out of wedlock, giving an illegitimate rate of 7.0 per cent., as compared with 5.6 per cent. in 1925. The number of births *registered* shews a slight increase upon those registered in 1923 and 1924.

The births *notified* during the year as occurring in the Borough numbered 544 and consisted of 284 males and 260 females; of these, 10 males and 11 females were stillborn.

The increase in the number of births *notified* is accounted for by births in the Maternity Home, which caters for a wide district around Tunbridge Wells, as well as for the Borough itself.

**Deaths.**—499 deaths were registered in the Borough during 1926, and there were 102 outwardly transferable deaths and 71 inward transfers, thus making the total number of deaths belonging to the district 468. This gives a crude death rate of 13.6 per thousand.

The Registrar-General has supplied the proper correction figure (0.731) as obtained from the last census returns, and the true or corrected death rate is thus seen to be 9.9 per thousand; this is a correction for age and sex distribution of the population. In the case of a health resort attractive to elderly persons and to invalids, it is necessary that the *corrected* death rate should be used in making comparisons with the death rate in the country generally. The uncorrected rate in the case of a town in which so many old people reside, naturally gives a false impression of the health value of the locality. Table I. on page 18 compares the births and deaths rates, etc., for England and Wales and various groups of towns, Tunbridge Wells figures being inserted below. The



Borough death rate, 9.9 is seen to be much below that of any of the groups mentioned in the Table—it thus maintains the reputation of the town as a health resort.

**Table showing the average number of Deaths at several ages for consecutive periods of five years.**

	1896 to 1900.	1901 to 1905.	1906 to 1910.	1911 to 1915.	1916 to 1920.	1921 to 1925.	1926.*
Deaths at under 1 year ...	72	57	46	40	36	23	28
„ 1 and under 2 } ...	25	29	23	16	{ 6	3	6
„ 2 „ 5 } ...	21	11	10	16	{ 9	5	3
„ 5 „ 15 ...	20	13	14	12	15	6	6
„ 15 „ 25 ...	121	141	141	145	21	10	8
„ 25 „ 45 } ...	121	141	141	145	{ 47	36	44
„ 45 „ 65 } ...	154	178	205	234	{ 107	104	104
„ 65 and upwards ...	154	178	205	234	245	276	268

\* The Mortality for 1926 is inserted for comparison.

Individual diseases or groups of diseases were considered in some detail in my Annual Report for 1925. I do not propose to do more than refer briefly to these conditions in my present Report. Cancer was as usual one of the chief causes of death; taking toll as it does of persons in the later years of life, it appears to fall more heavily on an elderly population such as that of Tunbridge Wells than upon the population of, say, a manufacturing town, which attracts young adults.

Tuberculosis, on the other hand, takes toll of many of the youthful adults, consequently its incidence is somewhat less here than in industrial towns.

*Infectious Diseases.*—In the early months of the year an outbreak of Measles and Whooping Cough occurred. These diseases, though not often immediately fatal, leave behind them the seeds of ill-health, and deaths of children attributed to Bronchitis and Pneumonia, or it may be to Tuberculosis, are often the result of primary attacks of Measles or Whooping Cough. There was in 1926, a rise in the infant death rate, as well as in the death rate amongst children; this rise could be attributed at least partially to the above-mentioned

outbreak, though amongst infants, pre-natal causes accounted for most of the increased mortality.

A Table is appended shewing the number of deaths from different causes in five-yearly periods from 1886 onwards.

#### DEATHS FROM

Five-Yearly Period.	Cancer.	Tubercu- losis.		Infec- tious Di- seases.	Vio- lence.	In- fluenza.
		Pul- mon.	Non- Pul.			
1886 to 1890 ... ..	139	201	69	98	45	*
1891 „ 1895 ... ..	158	174	103	110	44	*
1896 „ 1900 ... ..	170	131	91	179	62	84
1901 „ 1905 ... ..	226	167	61	104	45	67
1906 „ 1910 ... ..	251	154	48	90	35	87
1911 „ 1915 ... ..	260	133	46	110	49	60
1916 „ 1920 ... ..	310	150	62	59	50	178
1921 „ 1925 ... ..	328	111	32	27	65	64
1926 ... ..	79	26	3	4	8	4

\* Reliable figures not available.

**Infant Mortality, 1926.**—28 deaths of infants below one year of age occurred, being 61.1 per thousand born, as compared with an infant mortality of 70 per thousand in England and Wales generally ; the stillbirths numbered 21. The average infant mortality in Tunbridge Wells during the previous ten years was 62.2 per thousand. It is noteworthy that amongst the 28 infants who died, only six were over three months of age, while ten were in their first week of life ; this means that the majority of deaths were due to causes operating during the period of expectant motherhood.

A Table graphically illustrating the rate of infant mortality in Tunbridge Wells and in England and Wales for the past 36 years is appended.

The number of deaths of infants in Tunbridge Wells is relatively small, and therefore the rate rises and falls in a steep curve compared with the England and Wales infantile death rate, but the average trend is steadily downwards.

In Table IV. is given in detail a list of the causes of infant deaths in 1926.



# GRAPHIC RECORD OF INFANT MORTALITY.

(Number of Deaths per 1,000 Births in Tunbridge Wells 1891 to 1926 (36 years).)

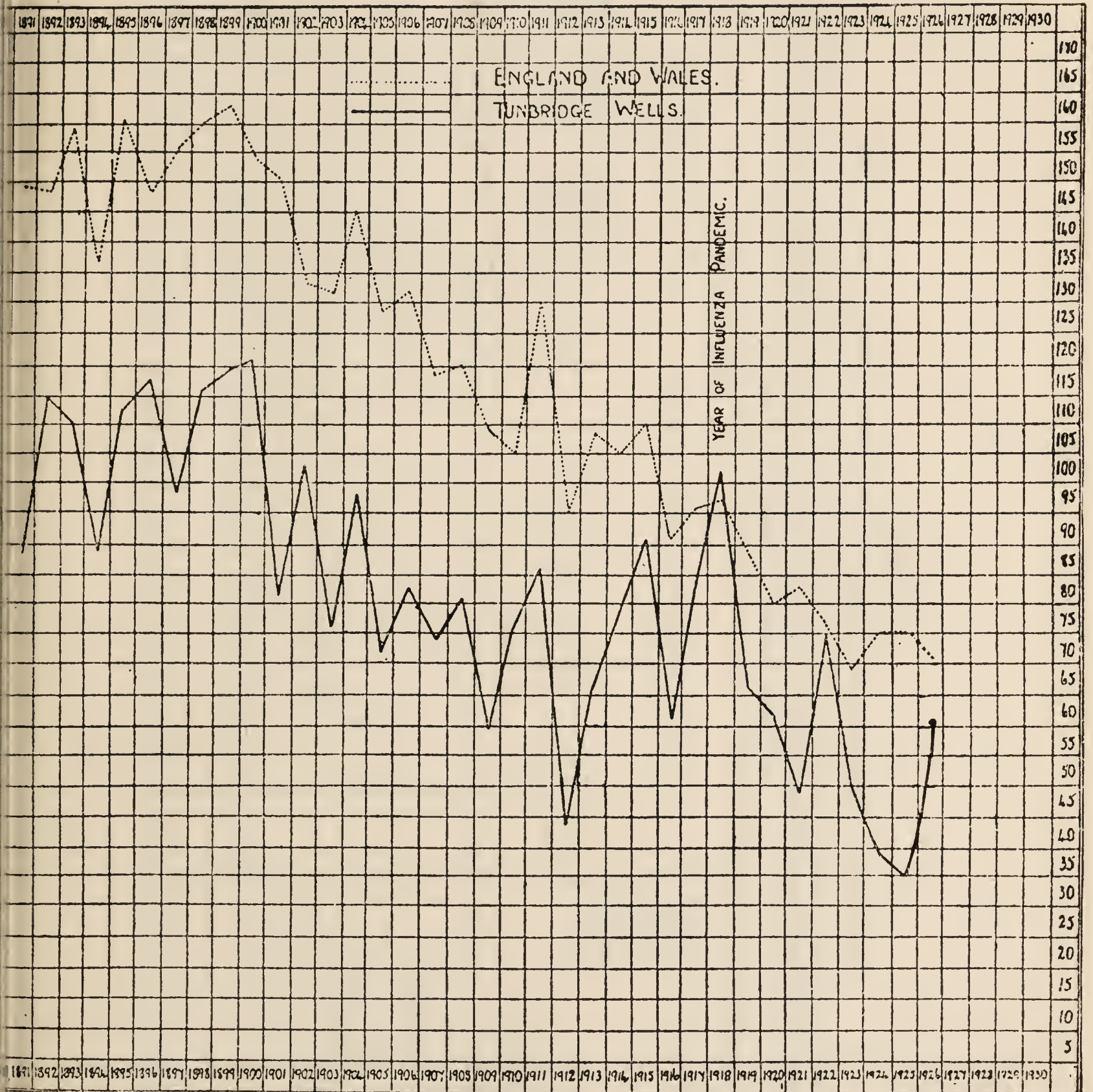


Table I.  
Birth-rate, Death-rate, and Analysis of Mortality during the Year 1926.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1926, while those for the towns have been calculated on populations estimated to the middle of 1925. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.)

	BIRTH-RATE PER 1,000 TOTAL POPULATION.	ANNUAL DEATH-RATE PER 1,000 POPULATION.										RATE PER 1,000 BIRTHS.		PERCENTAGE OF TOTAL DEATHS.		
		All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping-cough	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under 2 Years).	Total Deaths under One Year.	Causes of Death Certified by Registered Medical Practitioners.	Inquest Cases.	Uncertified Causes of Death.	
England and Wales ...	17.8	11.6	0.01	0.00	0.09	0.02	0.10	0.07	0.22	0.47	8.7	70	91.8	7.2	1.0	
105 County Boroughs and 96 Great Towns, including London ...	18.2	11.6	0.01	0.00	0.12	0.02	0.10	0.10	0.22	0.43	1.8	73	92.0	7.5	0.5	
157 Smaller Towns (1921 Adjusted Populations 20,000—50,000) ...	17.6	10.6	0.01	0.00	0.07	0.02	0.11	0.06	0.23	0.40	6.6	67	92.6	6.3	1.1	
London ...	17.1	11.6	0.01	0.00	0.20	0.02	0.05	0.12	0.17	0.48	11.8	64	90.6	9.4	0.0	
Tunbridge Wells ...	13.3	9.9	0.00	0.00	0.09	0.03	0.00	0.03	0.12	0.20	4.4	61	96.8	3.2	0.0	





**Table II.—continued. NOTIFIABLE DISEASES FOR YEAR 1926.**

[illegible]

Causes of, and Ages at Death during the Year 1926.

CAUSES OF DEATH.	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District.													Total Deaths whether of Residents or Non-Residents in Institutions in the District.
	ALL AGES.	Under 1 year.	1 and under 2 years.	2 and under 3 years.	3 and under 4 years.	4 and under 5 years.	5 and under 10 years.	10 and under 15 years.	15 and under 20 years.	20 and under 35 years.	35 and under 45 years.	45 and under 65 years.	65 years and upwards.	
All Causes { Certified ... Uncertified	467	28	6	1	1	1	6	...	4	23	25	104	268	156
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	3	1	2	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	1	...	...	...	...	...	1	...	...	...	...	...	...	2
Influenza	4	...	...	...	...	...	...	...	...	...	1	...	2	...
Encephalitis lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis of respiratory system	26	...	...	...	...	...	1	...	1	9	4	7	4	4
Other Tuberculous diseases	3	...	1	...	...	...	...	...	...	2	...	...	...	24
Cancer, malignant disease	79	...	...	...	...	...	...	...	...	2	5	30	42	...
Rheumatic Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diabetes	7	...	...	...	...	...	...	...	...	1	...	...	...	...
Cerebral hæmorrhage, etc.	30	...	...	...	...	...	...	...	...	...	...	...	...	...
Heart disease	77	...	...	...	...	...	2	...	...	...	1	16	23	3
Arterio-sclerosis	20	...	...	...	...	...	...	...	...	...	...	1	58	7
Bronchitis	23	1	...	...	...	...	...	...	...	...	1	1	19	2
Pneumonia (all forms)	30	4	2	1	1	...	...	...	...	1	2	10	20	1
Other respiratory diseases	1	...	...	...	...	...	...	...	...	...	2	...	9	10
Ulcer of stomach or duodenum	4	...	...	...	...	...	...	...	...	1	...	1	1	...
Diarrhoea, etc. (under 2 years)	2	...	...	...	...	...	...	...	...	2	...	5	...	...
Appendicitis and Typhlitis	9	...	...	...	...	...	2	...	...	...	...	1	...	...
Cirrhosis of liver	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute and Chronic Nephritis	14	...	...	...	...	...	...	...	...	...	1	3	10	3
Puerperal sepsis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other accidents and diseases of pregnancy and parturition	1	...	...	...	...	...	...	...	...	1	...	...	...	1
Congenital debility and malformation, premature birth	16	16	...	...	...	...	...	...	...	...	...	...	...	9
Suicide	5	...	...	...	...	...	...	...	...	...	1	1	3	1
Other deaths from violence	8	...	1	...	...	...	...	...	1	2	1	3	...	13
Other defined diseases	103	4	...	...	...	1	...	...	1	4	4	14	75	50
Causes ill defined or unknown	...	...	...	...	...	...	...	...	...	...	...	...	...	...

NETT BIRTHS IN THE YEAR:—		NETT DEATHS IN THE YEAR:—	
Legitimate	426	Certified	467
Illegitimate	32	Uncertified	—



TABLE IV.

## INFANT MORTALITY.

1926. Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.			Under 1 Week.	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month	1-3 Months	3-6 Months	6-9 Months	9-12 Months	Total Deaths under 1 Year.
All causes	Certified ...	...	10	3	2	—	15	7	1	3	2	28
	Uncertified	...	—	—	—	—	—	—	—	—	—	—
{	Small-pox	...	—	—	—	—	—	—	—	—	—	—
	Chicken-pox	...	—	—	—	—	—	—	—	—	—	—
{	Measles	...	—	—	—	—	—	—	—	1	—	1
	Scarlet Fever	...	—	—	—	—	—	—	—	—	—	—
{	Diphtheria and Croup	...	—	—	—	—	—	—	—	—	—	—
	Whooping-cough	...	—	—	—	—	—	—	—	—	—	—
{	Diarrhoea	...	—	—	—	—	—	—	—	1	—	1
	Enteritis	...	—	—	—	—	—	1	—	—	—	1
{	Tuberculous Meningitis	...	—	—	—	—	—	—	—	—	—	—
	Abdominal Tuberculosis	...	—	—	—	—	—	—	—	—	—	—
{	Other Tuberculous Diseases	...	—	—	—	—	—	—	—	—	—	—
	Congenital Malformations	...	1	1	—	—	2	2	—	—	—	4
{	Premature Birth	...	4	—	1	—	5	1	—	—	—	6
	Atrophy, Debility and Marasmus	...	—	1	—	—	1	—	—	—	1	2
{	Atelectasis	...	2	—	1	—	3	—	—	—	—	3
	Injury at Birth	...	3	—	—	—	3	—	—	—	—	3
{	Erysipelas	...	—	—	—	—	—	—	—	—	—	—
	Syphilis	...	—	1	—	—	1	—	—	—	—	1
{	Rickets	...	—	—	—	—	—	—	—	—	—	—
	Meningitis (not Tuberculous)	...	—	—	—	—	—	—	—	—	—	—
{	Convulsions	...	—	—	—	—	—	—	—	—	—	—
	Gastritis	...	—	—	—	—	—	1	—	—	—	1
{	Laryngitis	...	—	—	—	—	—	—	—	—	—	—
	Bronchitis	...	—	—	—	—	—	1	—	—	—	1
{	Pneumonia (all forms)	...	—	—	—	—	—	1	1	1	1	4
	Suffocation (overlying)	...	—	—	—	—	—	—	—	—	—	—
{	Other causes	...	—	—	—	—	—	—	—	—	—	—
	Totals	...	10	3	2	—	15	7	1	3	2	28



**Poor Law Relief.**—The approximate amount of Poor Law Relief in the Parish of Tunbridge Wells for the year ending 31st March, 1927, was £4,939 12s. 1d.

### GRATUITOUS MEDICAL RELIEF.

The Tunbridge Wells General Hospital caters for the population of Tunbridge Wells and for a wide district around. A fund is being collected for transferring the Hospital from its cramped and noisy position to a fresh site on the Mount Ephraim ridge, where more airy and extensive premises can be built, subject to less disturbance from passing heavy traffic. The in-patients in 1926 numbered 1,448; theatre operations numbered 777, and operations performed in the out-patients' department under a general anæsthetic numbered 566; out-patients numbered 5,538, making 53,323 attendances. There is a large and well-equipped electrical department which offers radiant heat, radiant light, X-ray and radium treatment, also massage and electrical treatment. An orthopaedic centre allowing of remedial exercises treatment has been established and children attending the Elementary Schools in the Borough continued to take advantage of such treatment in 1926.

The Tunbridge Wells Eye and Ear Hospital deals with a greatly increased number of patients since the advent of an aural surgeon, in addition to an ophthalmic surgeon. The following Table speaks for itself in this respect :—

Year.	Out-Patients.	Attendances.	In-Patients.	Theatre Operations.
1921	2,339	5,115	303	284
1922	2,144	4,718	282	257
1923	2,105	4,736	289	265
1924	2,303	7,314	391	348
1925	2,615	8,917	478	476
1926	2,702	9,390	556	522

This hospital will be amalgamated with the General Hospital when the hospital extension scheme is completed.

At the **Homœopathic Hospital**, which has 22 beds, there were 198 in-patients in 1926, and 127 theatre operations were performed. Four thousand, four hundred and two attendances of out-patients were made and 75 minor operations were performed in the out-patients' department.

The Local Branch of the **Royal Surgical Aid Society** is performing an increasing amount of work annually; for instance, in 1926, 737 appliances were supplied at a cost of £1,487 7s. 6d., the number of appliances supplied showed an increase of 13 over the number supplied in 1925. I desire to make grateful acknowledgment to this Society for extending to me the privilege of sending school children whose parents are unable to afford glasses when ordered by the ophthalmic surgeon, to the optician, with the Society's letters, initialled by myself as School Medical Officer. Such letters are only given after due enquiry into the home circumstances and the optician does not accept such letters for school children unless thus initialled.

**The Provident Dispensary**, 106, Upper Grosvenor Road. The number of members of this institution for the year 1926 was as follows :—Above the age of 16 years, 734; under the age of 16 years, 366; total, 1,100.

**Tunbridge Wells Central Aid Society.**—This Society performs very useful work in assisting to send persons to Convalescent Homes, in particular I am deeply indebted to the Invalid Children's Aid Branch which arranges for school children in need of treatment at Convalescent Homes, and with which your School Medical and Child Welfare services keep in constant touch. The amount disbursed in pensions and special cases during 1926 was £659 19s. 5d., dealing with 99 cases. The Invalid Children's Aid Branch gave assistance amounting to £97 11s. 1d. to 39 children during the year.

**The Tunbridge Wells District Nursing Association** has a staff of five nurses. 819 cases were dealt with in the year,



31st March, 1926, to 31st March, 1927, of which 99 were maternity cases. The total number of visits made was 14,033, of which 12,301 were general, 1,540 maternity, and 192 ante-natal. I have had the privilege of serving on the Committee of this useful Association for several years; and I am thus in close touch with the valuable work done by the District Nurses. The Corporation has also made arrangements under the terms of the Maternity and Child Welfare Act, 1918, whereby the services of a District Nurse may be obtained for the home nursing of a child suffering from certain specified diseases, *e.g.*, ophthalmia neonatorum, measles or whooping cough with broncho-pneumonia, where, in the opinion of the Medical Officer of Health, the home conditions require such services. The nurse acts under the direction of the Medical Attendant, and a fee is paid to the Association for her services.

**Maternity Home**, Upper Grosvenor Road. This Home, which was formally opened on 29th April, 1925, has now thoroughly established itself as a prominent feature and an important branch of the medical and nursing facilities available for the residents of Tunbridge Wells and neighbourhood. The Home has eight beds, five in the general wards, two in private wards and one in an isolation ward. It also accommodates the staff. Two hundred and ten confinements, took place in the year ending 31st December, 1926; 127 of the mothers were Tunbridge Wells mothers, the remainder coming from the surrounding district. These figures speak for themselves. The Tunbridge Wells Corporation entered into an agreement under which, by payment of a suitable subsidy, patients recommended by the Borough Medical Officer can be admitted to the Home. This agreement commenced on 1st April, 1926, and assistance was provided during the year, in two cases in which the mothers' home environment was unsuited to confinement and in which her circumstances made financial aid necessary. Co-ordination



with the work of the Home is well maintained, as the Borough Medical Officer of Health serves on the Committee of Management, and also acts as Administrative Medical Officer for the Home.

**Other Homes in Tunbridge Wells.**—There is a branch of Dr. Barnardo's Home in Park Road, Hurstleigh Holiday Home in Bishops Down, and a Convalescent Home at Hawkenbury, in which a residential open-air school for L.C.C. children has been established.

These institutions deal almost entirely with children from London. There is also a small Rescue and Preventive Home in Upper Grosvenor Road.

**Tuberculosis Dispensary.**—The Kent County Council has a branch Dispensary for tuberculous cases at 34, Calverley Street. The attendances at this Dispensary during 1926 numbered 1,230, and were as follows :—

Male.	Female.	Male.	Female.
Insured.		Uninsured.	
202	90	391	547

**Tunbridge Wells and District Public Dental Service.**—

This is an association of legally qualified dental practitioners. Persons who are unable to afford large fees are treated here for small sums. The number of new patients attending in 1926 was 659, and the total number of attendances, 2,253.

**GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.**

**Hospitals provided or subsidised by the Local Authority or by the County Council :—**

**1.—Tuberculosis.**—There is no hospital for the treatment of Tuberculosis in the neighbourhood of Tunbridge Wells. The County Council makes arrangements for the treatment of suitable cases in hospitals situated in other parts of the county.

**2.—Maternity.**—The treatment of Maternity cases is undertaken by arrangement with the Voluntary Home already mentioned, situated in Upper Grosvenor Road.

**3.—Children.**—No children's hospital is provided or subsidised by the Local Authority or by the County Council in Tunbridge Wells. Children are treated in the General Hospital, Eye and Ear Hospital, and Homœopathic Hospital. Fees are paid by the Local Authority to these hospitals in the case of operative treatment upon elementary school children for enlarged tonsils and adenoids.

**4.—Fever.**—The Borough has its own Fever Hospital which is situated on its southern boundary, 450 feet above sea level. The site is an excellent one, airy and open, with a southern exposure and wide view over valleys and woodland. There is accommodation in the wards in use, for 40 adult patients, allowing 2,000 cubic feet air space per bed. Sixty beds and cots are available for use in case of need, but the number of patients seldom exceeds 40.

The Hospital has a large garden which supplies vegetables for most of the year for the patients and staff, also a fairly large amount of fruit in summer time, thus saving expense in catering.

**5.—Smallpox.**—A conjoint Smallpox Hospital is situated at Capel some four and a half miles from Tunbridge Wells. It has 20 beds and is under the administration of a Board representing Tunbridge Wells, Tonbridge and Southborough Urban Districts and the Tonbridge Rural District. The situation of this hospital is an excellent one for the purpose, being well away from human habitation in the midst of open and high lying country. A caretaker and his wife live in the house on the premises and are responsible for keeping the hospital in good order and ready for use in case it should be required. Arrangements for improving the hot-water supply are under consideration.



No special institutional provision is made for unmarried mothers, illegitimate infants or homeless children. The Infirmary of the Poor Law Union, situated at Pembury, deals with most of these cases.

### **AMBULANCE FACILITIES.**

(a) **For Infectious Cases.**—Two ambulances are kept on the Isolation Hospital premises, one somewhat heavy and out-of-date. Horses are hired as required to remove cases to the hospital. The question of replacing these by a motor ambulance is under consideration.

(b) **For Non-infectious and Accident Cases.**—The Borough Police Force has a motor ambulance which proves of great service for cases of this type. In addition, the St. John Ambulance Brigade has an ambulance which can be hired for removal of sick persons, etc.

### **CLINICS AND TREATMENT CENTRES.**

**Maternity and Child Welfare Centres.**—There is a Maternity and Child Welfare Centre at 35, Calverley Street, provided by the Tunbridge Wells Borough Council, consisting of a detached house with seven rooms. The main waiting room is large, consisting of two rooms made into one. There is a branch centre at Rusthall where meetings are held in the St. John Ambulance Brigade (Rusthall Section) Room.

**Day Nurseries.**—There are none in Tunbridge Wells.

**School Clinics.**—The School Clinic is at the Public Health Offices, Calverley Parade. The premises consist of four rooms provided by the Borough Education Committee.

**Tuberculosis Dispensaries.**—The Tuberculosis Dispensary is provided by the County Council and consists of a detached house at 34, Calverley Street, next door to the Maternity and Child Welfare Centre; its accommodation is similar to that of the Child Welfare Centre.



**Treatment Centres for Venereal Diseases.**—Venereal Diseases are treated at the General Hospital, Tunbridge Wells, there being one consultation day per week for men and one for women. The arrangements are under the control of the Kent County Council.

### **PUBLIC HEALTH STAFF.**

A list of the staff of the Public Health Department is given at the beginning of this Report.

In addition to the regular members of the Public Health Department mentioned on the front page of the Report, Dr. C. Elliott, M.R.C.S., L.R.C.P., is appointed to take holiday duty during the Medical Officer's annual leave.

Miss A. I. Ponting commenced duties on 1st May, 1926, as a member of the Health Visiting staff, and Mr. E. J. A. Bettle commenced duties as additional assistant Sanitary Inspector on 5th May, 1926.

Owing to fresh arrangements the time of the four nurses is now as follows :—All four act for one-fifth of their time as Health Visitors ; Miss Donaldson and Miss Ponting act as Child Welfare Nurses for two-fifths and as School Nurses for two-fifths ; Miss Rice Oxley acts as Child Welfare Nurse for four-fifths, and Miss Clark as School Nurse for four-fifths of her time.

Contributions are made :—

- (a) Under the Public Health Act towards the salaries of the Medical Officer of Health and Senior Sanitary Inspector.
- (b) By Exchequer grants towards the salaries of the School Medical Officer, Ophthalmic Surgeon, Dental Surgeon, School Nurses, and Chief Clerk of the Health Offices, whose time is equally divided between health and school medical duties.

There is also a contribution towards the part-time services of Dr. C. Elliott, who assists with school medical inspections up to the number of one thousand routine inspections annually.

- (c) By Exchequer grant towards the salaries of the Medical Officer for Maternity and Child Welfare and of the Maternity and Child Welfare Nurses.
- (d) By Exchequer grant towards the fees of the Analyst under the Food and Drugs Act.

### **PROFESSIONAL NURSING IN THE HOME.**

(a) **General.**—The Tunbridge Wells District Nursing Association, which is affiliated to the Queen's Jubilee Nursing Association and supported by voluntary contributions, undertakes home nursing when required. A report of its work has already been given.

(b) **For Infectious Diseases.**—So far as the Borough Council is concerned, an arrangement is made whereby the services of a District Nurse can be obtained for attending in the home of cases of Ophthalmia Neonatorum, Measles, Whooping Cough, etc., under the Maternity and Child Welfare Act, 1918. It is in the discretion of the Medical Officer of Health to call for these services as required; one call was made during 1926.

**Midwives.**—No subsidy is made by the Local Authority to practising Midwives. As has frequently been stated, the Child Welfare work of the Borough, so far as attention to expectant motherhood is concerned, labours under a serious disadvantage in that the Borough Council and its Officers do not supervise the work of the local Midwives, the control being vested in a distant body, the Kent County Council. The number of Midwives practising in Tunbridge Wells during the year was nine.



## BOROUGH BACTERIOLOGICAL LABORATORY, PUBLIC HEALTH OFFICE.

The number of specimens examined in the Borough Laboratory during 1926, is set out in the following table :—

### Specimens examined for presence of Diphtheria

Bacillus	...	...	...	...	...	495
----------	-----	-----	-----	-----	-----	-----

Positive.	Negative.
-----------	-----------

From Isolation Hos-						
---------------------	--	--	--	--	--	--

pital cases	...	26		76		
-------------	-----	----	--	----	--	--

From outside sources		28		365		
----------------------	--	----	--	-----	--	--

Hairs examined for pre-						
-------------------------	--	--	--	--	--	--

sence of Ringworm		32		11		43
-------------------	--	----	--	----	--	----

Total	...	...	...	...	...	538
-------	-----	-----	-----	-----	-----	-----

In addition to the above, specimens were examined at the County Laboratory, Sessions House, Maidstone, as follows :—

	Positive.	Negative.
75 specimens for Tubercle Bacillus	15	60
19 Blood Examinations for Typhoid		
or Para-Typhoid ...	4	15
*30 Swab Examinations for Diph-		
theria ...	1	29
1 Virulence test for Diphtheria...	—	1
	—	—
	20	105
	=	=

\*These examinations were kindly undertaken during my absence on holiday.—F. C. L.

**Chemical Work.**—Chemical analyses of specimens of water, milk, and other forms of food, and drugs, are carried out by the Public Analyst, Mr. A. H. Mitchell Muter, of the



South London Laboratories. The work done is reviewed under the Food and Drugs Acts.

### LEGISLATION.

**The Tunbridge Wells Improvement Act of 1890**, to which Royal assent was given on 14th August, 1890, is in force. Parts 2, 3, 4, 6, 7 and 12 relate to Public Health, dealing with water supply, sanitary provision of buildings and streets, common lodging-houses, infectious diseases, slaughter-houses and public baths.

**The Public Health Amendment Act, 1907.**—Of this Act, which was declared to be in force within the Borough on 3rd April, 1911, the following sections have been adopted :—

Part	I.	Sections 1-14.
„	II.	„ 17, 21-24, 26-30, 32 and 33.
„	III.	„ 34-42, 45, 47-51.
„	IV.	„ 52-66, 68.
„	V.	„ 69-75.
„	VI.	„ 76, 77.
„	X.	„ 93 and 95.

**Drainage Bye-laws** were approved by the Council and have been amended under the **Public Health Act, 1925**, of which the following parts were adopted and put into force on 1st March, 1926 :—Parts II., III., IV. and V. (with the exception of sections 14, 20, 29, 34 and 35).

Fresh Bye-laws relating to Slaughter-houses came into force in the Borough in March, 1925. Under these, use of the humane killer for slaughtering all animals is obligatory.

**Water Supply.**—The water supply of Tunbridge Wells is drawn from springs issuing from the stratum known to geologists as the Tunbridge Wells Sandstone. The springs are situated in unfrequented woodland areas, in which inhabited buildings are few and distant ; the risk of pollution is well guarded against. For roughly one-half of the year the

supply of water from the springs meets the requirements of the Borough. During the remaining portion of the year, artesian borewells, seven in number, give an ample and pure supply of water to supplement the flow from the springs. The Artesian Wells are situated at Pembury, where there is a large reservoir, capable of holding 42,000,000 gallons. From this reservoir the water is pumped to a distributing reservoir at Blackhurst, Pembury, over 500 feet above sea level. Thence it is distributed through the mains by force of gravity to the areas supplied. A certain amount of iron contained in solution in this deep well water is effectively removed by the use of Candy Oxidising Pressure Filters, six in number. The Artesian Wells are bored through the Wadhurst Clay and take their supply from the underlying Ashdown Sands; the nearest point at which the Ashdown Sands reach the surface is some miles distant from the borewells. The water enters six open filter beds at Pembury, having an area of about one acre. An analysis, made by the Borough Analyst, reads as follows :—

**Specimen from 15in. Main in Pembury Road.**

**Chemical Analysis.**

<i>Determination.</i>				<i>Parts per 100,000.</i>
Free and Saline Ammonia	...	...	...	0.0010
Albuminoid Ammonia	...	...	...	0.0030
Oxygen absorbed	} in 15 minutes	...	...	0.0049
at 80° F.		...	...	0.0099
Nitric Nitrogen	...	...	...	0.23
Chlorine	...	...	...	2.4
Equivalent to Sodium Chloride	...	...	...	3.9
Total Solid Matter (Dried at 180° C.)	...	...	...	14.0
Temporary Hardness	...	...	...	3.5
Permanent Hardness	...	...	...	3.5
Appearance in two-foot tube	...	...	...	Colourless and Clear
Metals (Lead, Copper, Zinc, Iron)	...	...	...	Trace of Iron



## BACTERIOLOGICAL ANALYSIS.

Description of Sample.	No. of organisms per cubic centimetre capable of growing.		B. Coli Communis Presumptive Test		
	On standard Gelatin in 4 days at 22 C.	On standard Agar-Agar in 24 hours at 37 — 38 C.	100 C.C.	10 C.C.	1 C.C.
From 15in. Main in Pembury Road ...	25	1	—	—	—

The results of both chemical and bacteriological analyses show the water to be remarkably pure and to be a drinking water of excellent quality. Until the dry season of 1921, the sources of water supply already mentioned fully sufficed to meet all needs, not only of the Borough, but of the neighbouring villages of Langton, Speldhurst, Stockland Green, and part of Pembury. Further consideration of the supplies after 1921 has resulted in the selection of a fresh site for boring an artesian well between Fordcombe and Penshurst, the layer to be tapped being the same as at Pembury, viz. :— the Ashdown Sands, but at a point about seven miles distant, on the opposite side of the boundary. The application made to the Ministry of Health for this purpose was sanctioned early in 1926. The water supply is a constant one and the number of dwelling-houses supplied is 7,700 with a population of 42,000.

**Rivers and Streams.**—All the water courses in the Borough are small in volume, and periodical inspections have shown them to be in a satisfactory state.

**Drainage and Sewerage.**—The Borough sewage drains towards two sewage farms, one at the northern end and the other at the southern end of the town. The North Sewage Farm is 187 acres in extent, and the South Farm 197 acres. At the South Farm a portion of the sewage is treated by means of percolating bacteria beds. The effluents from both



Sewage Farms are frequently analysed and give satisfactory results. Sewage from a portion of the town lying north of Mount Ephraim is dealt with by pumping across to join the sewage which proceeds to the South Farm.

**Closet Accommodation.**—There are no privies in the Borough. Six pail closets are in use in houses situated in the rural outskirts of the Borough. Seventy-four water closets are connected to properly constructed cesspools, all the rest being connected to the public sewers.

**Scavenging.**—Refuse, both domestic and trade, is collected and removed in motor vehicles or covered carts once weekly. Trade refuse is collected daily from premises where this is necessary. Covered dustbins are very largely in use and where fixed brick receptacles are found to be defective, efforts, usually successful, are made to abolish them and substitute galvanised iron bins. Refuse is conveyed to tips situated near High Brooms Brickworks, Forest Road Brickworks, a third refuse tip near the Rusthall Allotments has now been closed as the site was not a suitable one for this purpose. Modern motor dust collectors are being substituted for the antiquated covered carts, which have been in use and which have never proved satisfactory from a sanitary point of view.

**Disposal of Refuse.**—In November, 1926, a visit was paid to Tunbridge Wells by an expert on this subject sent by the Ministry of Health. He made an interesting statement dealing exhaustively with the present methods of refuse disposal in England. He dealt with the chief points which are unsatisfactory in the arrangements for refuse disposal in Tunbridge Wells, pointing out where economies could be achieved and where greater efficiency could be obtained. He advised the trial of the method in use in the City of Bradford, expressing the opinion that a careful study of this method and its application at the Tunbridge Wells dumps might possibly obviate the necessity of installing a refuse destructor. The

Bradford method requires an increased and more skilled staff at the refuse dumps, but even so it is less costly than the method of treatment by a destructor. The Health and Works Committees were much interested in the expert's suggestions, and the success or otherwise of the application of the method suggested is now awaited with expectant interest.

**Schools.**—All schools in the area are supplied with town water, and—with the exception of Rusthall Boys' School, which drains to a cesspool in private grounds—are connected to the public sewers.

There was no closure of schools or classes on account of infectious disease in 1926.

**Sanitary Inspection of Area.**—During 1926, I visited all the Dairy Farms in the Borough, accompanied by the Senior Sanitary Inspector, and took the opportunity of investigating the alterations required on some premises to comply with the conditions of the most recent regulations. I also visited some of the worst house property. The additional assistant supplied to the sanitary inspecting staff has enabled the inspection of houses in the Borough to be proceeded with at a much greater rate than was formerly possible.

Attached is the report of the Senior Sanitary Inspector, Mr. H. T. Taylor, from which it will be seen that 445 dwelling houses were inspected for housing defects and six of these were found to be in a state so dangerous or injurious to health as to be unfit for human habitation, while 377 others were found not to be in all respects reasonably fit for human habitation.

Mr. Taylor's report also discloses greatly increased and valuable work in inspecting slaughter houses at the time of killing. A much larger quantity of meat than in previous years was condemned and destroyed, the main disease being Tuberculosis.



*To the Medical Officer of Health,  
Tunbridge Wells.*

I beg to submit this report on the work of the Sanitary Department during the year 1926.

The following Table gives a general statement as to the number of inspections, visits, etc., made during the year :—

Houses inspected	...	...	...	...	...	...	...	445
Complaints investigated	...	...	...	...	...	...	...	202
Complaints referred to other departments	...	...	...	...	...	...	...	26
Houses inspected for Sanitary Certificates	...	...	...	...	...	...	...	7
Stables inspected	...	...	...	...	...	...	...	15
Visits <i>re</i> keeping of animals	...	...	...	...	...	...	...	32
Visits <i>re</i> rats	...	...	...	...	...	...	...	39
Secondary visits <i>re</i> works in progress	...	...	...	...	...	...	...	1,829
Interviews <i>re</i> works to be executed	...	...	...	...	...	...	...	137
Occasions on which chemical test applied to drains	...	...	...	...	...	...	...	166
"    "    "    smoke	...	...	...	...	...	...	...	33
"    "    "    water	...	...	...	...	...	...	...	105
Visits to slaughter houses	...	...	...	...	...	...	...	582
"    "    other food premises	...	...	...	...	...	...	...	123
"    "    bakehouses	...	...	...	...	...	...	...	49
"    "    dairies and milkshops	...	...	...	...	...	...	...	109
"    "    cowsheds	...	...	...	...	...	...	...	50
"    "    ice cream premises	...	...	...	...	...	...	...	10
"    "    factories	...	...	...	...	...	...	...	77
"    "    workshops	...	...	...	...	...	...	...	127
"    "    workplaces	...	...	...	...	...	...	...	10
"    "    Common Lodging Houses	...	...	...	...	...	...	...	22
"    "    Infectious cases	...	...	...	...	...	...	...	39
Rooms disinfected	...	...	...	...	...	...	...	74
Loads of bedding removed	...	...	...	...	...	...	...	8
Other visits	...	...	...	...	...	...	...	114
Informal notices served—186, respecting 343 houses.								
Formal notices served—2, respecting 2 houses.								
Defects remedied	...	...	...	...	...	...	...	1,725
Food condemned and destroyed—3 tons 1 cwt. 3 qrs. 15 lbs.								
Samples of food and drugs taken and submitted to Public Analyst	...	...	...	...	...	...	...	120
Samples of milk tested at office	...	...	...	...	...	...	...	14

It will be seen that notices in respect of 343 houses were served and the majority of these had been complied with at the end of the year. Separate defects, numbering 1,725, were remedied and these are classified as follows :—

**Defects remedied during the year 1926.**

Houses re-drained	...	...	...	...	...	...	...	24
Houses at which drains were repaired	...	...	...	...	...	...	...	44
Intercepting traps fixed	...	...	...	...	...	...	...	3
Inspection chambers constructed	...	...	...	...	...	...	...	35
Inspection chambers repaired	...	...	...	...	...	...	...	13



New vent pipes fixed to drains	...	...	...	...	...	9
New soil pipes provided	...	...	...	...	...	9
Soil and vent pipes repaired	...	...	...	...	...	17
New glazed gullies fixed	...	...	...	...	...	61
Defective bell traps removed	...	...	...	...	...	8
Obstructions removed from drains	...	...	...	...	...	17
New W.C.'s constructed	...	...	...	...	...	7
Defective W.C. pans and traps removed	...	...	...	...	...	33
W.C.'s provided with water supply	...	...	...	...	...	1
Flushing cisterns repaired	...	...	...	...	...	27
Rain-water pipes disconnected from drains	...	...	...	...	...	8
Rain-water pipes and gutters repaired	...	...	...	...	...	44
Roofs repaired	...	...	...	...	...	57
Paving to yards repaired	...	...	...	...	...	67
Galvanized dust-bins provided	...	...	...	...	...	150
Ashpits discontinued	...	...	...	...	...	17
Accumulations of rubbish removed	...	...	...	...	...	11
Nuisances from animals abated	...	...	...	...	...	5
New sinks provided	...	...	...	...	...	24
Sink wastes repaired or renewed	...	...	...	...	...	50
Rooms stripped and distempered or re-papered	...	...	...	...	...	250
Ceilings cleansed and distempered	...	...	...	...	...	61
Rooms and bedding cleansed (tenant)	...	...	...	...	...	9
Overcrowding abated	...	...	...	...	...	7
Rooms ventilated	...	...	...	...	...	34
Walls repaired (internally)	...	...	...	...	...	35
Walls repaired (externally)	...	...	...	...	...	32
Floors repaired	...	...	...	...	...	88
Space under ground floors ventilated	...	...	...	...	...	36
Windows repaired	...	...	...	...	...	24
New sash cords fixed	...	...	...	...	...	106
Dampness remedied	...	...	...	...	...	17
Coppers repaired	...	...	...	...	...	16
Stoves repaired	...	...	...	...	...	18
Chimneys repaired	...	...	...	...	...	7
Food cupboards provided	...	...	...	...	...	4
Slaughter houses cleansed	...	...	...	...	...	5
Cowsheds limewashed	...	...	...	...	...	2
Dairies limewashed	...	...	...	...	...	9
Miscellaneous	...	...	...	...	...	171
						<hr/> 1,672 <hr/>

#### Factories and Workshops.

	Defects found.	Remedied.
Want of cleanliness	13	12
Overcrowding	—	—
Other nuisances	15	12
Sanitary accommodation insufficient	3	3
„ „ unsuitable	20	19
„ „ not separate	—	—
Breach of bakehouse requirements	8	7
Outworkers' premises cleansed	—	—
	<hr/> 59 <hr/>	<hr/> 53 <hr/>

Premises where food is prepared for sale received special attention during the year, particularly slaughter houses at time of slaughtering, 528 visits being made to this class of

premises these being made at irregular hours, both during the day and night. One hundred and twenty-three visits were paid to other food premises in addition to those to bake-houses, etc. Food weighing 3 tons 1 cwt. 3 qrs. 15 lbs. was condemned and destroyed as being unfit for human food, this comprising the following :—

Beef (home killed)	...	...	3,029	lbs.	(2,999 lbs. tuberculous)
„ offals (home killed)	...	...	1,099	„	930 „ „
Mutton (home killed)	...	...	220	„	
Pork (home killed)	...	...	400	„	(All tuberculous)
Pigs' heads (home killed)	...	...	36	„	„ „
Beasts' livers (from home killed					
beasts)	...	...	500	„	(174 lbs. tuberculous)
Other offals (from home killed					
beasts)...	...	...	222	„	91 „ „
Imported beef	...	...	656	„	200 „ „
„ offals	...	...	283	„	
Potatoes	...	...	200	„	
Eggs imported	...	...	200		
Fish	...	...	86	„	
				<hr/> 6,931 lbs. <hr/>	

Two magistrates' orders were obtained, but no further proceedings were considered to be necessary.

At the end of the year five slaughter-houses were in regular use this being one less than at the end of the previous year, one of the registered slaughter-houses being discontinued in September of the year under review.

During the year several butchers' shops were provided with glass fronts. A few shops still have open fronts and it is hoped to deal with these in the early summer.

Proceedings were taken against a butcher on his failing to give notice of his intention to slaughter, the killing having been done on a day not nominated by him as one of his regular killing days. As this was his second offence, a conviction was made and a fine of twenty shillings inflicted.

Three hundred and forty-one notices of intention to slaughter were received while several notices of regular days and hours still hold good.



The butchers generally have been willing to carry out any reasonable requests and their voluntary scheme of insurance has made them less reluctant in giving notice of any abnormal conditions found in any beasts slaughtered by those who participate in the scheme.

H. T. TAYLOR,

Senior Sanitary Inspector.

## HOUSING STATISTICS FOR THE YEAR 1926.

Number of new houses erected during the year :—

(a) Total (including numbers given separately	
under (b) ) ... ..	131
Also 15 separate tenements ...	15
(b) With State assistance under the Housing Acts :—	
(i.) By the Local Authority ... ..	34
(ii.) By other bodies or persons ... ..	60
Separate tenements ...	15

### I.—UNFIT DWELLING-HOUSES.

#### Inspection.

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... ..	445
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925 ... ..	224
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	6
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation ... ..	377

### II.—Remedy of Defects without Service of formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ...	353
---	-----

### III.—Action under Statutory Powers.

#### A. *Proceedings under section 3 of the Housing Act, 1925.*

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ... ..	1
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) by owners ... ..	1
(b) by Local Authority in default of owners ...	Nil
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... ..	Nil

#### B. *Proceedings under Public Health Acts.*

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..	1
---	---



(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—

(a) by owners ... ..	1
(b) by Local Authority in default of owners ...	Nil

C. *Proceedings under sections 11, 14 and 15 of the Housing Act, 1925.*

(1) Number of representations made with a view to the making of Closing Orders ... ..	Nil
(2) Number of dwelling-houses in respect of which Closing Orders were made ... ..	Nil
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit ... ..	Nil
(4) Number of dwelling-houses in respect of which Demolition Orders were made ... ..	Nil
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders ... ..	Nil

# FOOD AND DRUGS, 1926.

Article.	Examined.			Adulterated.			Remarks.
	Formal.	Informal	Total.	Formal.	Informal	Total.	
Milk ... ..	41	18	59	6	3	9	Nos. 9, 10, 12 (inf.) contained colouring matters. Formal samples taken (Nos. 13, 14, 15) and these also contained colouring matter, while No. 13 was 1 per cent. def. in fat. Vendors cautioned. No. 29 (form.) 17 per cent. def. in fat, and No. 30, 15 per cent deficient. Proceedings were taken against farmer who was fined 40/- and costs in each case. No. 54 def. in fat, 13 per cent. (form.). Having been cautioned previously, proceedings were taken and a fine of £2 2s. 0d. inclusive was inflicted.
Cheese ... ..	—	3	3	—	—	—	All analysed for preservatives.
Butter ... ..	—	18	18	—	—	—	
Margarine ... ..	—	4	4	—	—	—	
Lard ... ..	—	4	4	—	—	—	
Dripping ... ..	—	1	1	—	—	—	
Cream ... ..	1	6	7	1	1	2	
Eucalyptus Oil ... ..	—	2	2	—	—	—	No. 27 (inf.) contained boric acid and receptacle not labelled. No. 28 (form.) contained 21.7 grains boric acid per lb.; vessel not labelled. Convicted and fined 20/- and £1 14s. 8d. costs.
Camphorated Oil ... ..	—	2	2	—	—	—	
Ammoniated Tincture ... ..	—	2	2	—	—	—	
Quinine ... ..	—	2	2	—	—	—	
Coffee ... ..	—	5	5	—	—	—	
Cocoa ... ..	—	1	1	—	—	—	
Vinegar ... ..	—	3	3	—	—	—	
Pepper ... ..	—	3	3	—	—	—	
Sponge Cakes ... ..	—	2	2	—	—	—	
Ice Cream ... ..	—	2	2	—	—	—	
Condensed Milk ... ..	—	2	2	—	—	—	
	42	78	120	7	4	11	

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS,  
1912 AND 1917.

REPORT FOR THE YEAR ENDED 31ST DECEMBER, 1926.

(1.) *Milk ; and Cream not sold as preserved cream.*

	(a)	(b)
	Number of Samples examined for the presence of a preservative.	Number in which a preservative was reported to be present and percentage of preservative found in each sample.
Milk ... Cream	59 Serial No. 27 (informal). Serial No. 28 (formal) Serial Nos. 66, 67, 68 and 76 (informal).	Nil. No. 27. .1 per cent. No. 28. .3 per cent. Nil.

Nature of preservative in each case in column (b) and action taken under the regulations in regard to it :—  
Boron preservative.—Proceedings were taken in case of No. 28 after informal sample No. 27 had been taken. Convicted and fined 20/- and £1 14s. 8d. costs.

(2.) *Cream sold as preserved cream.*

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct :—

(i.)	Correct statements made	...	1
(ii.)	Statements incorrect	... ..	Nil.

—  
1  
==

(iii.) Percentage of perservative found in each sample—Under 0.4 per cent.  
Percentage stated on statutory label.  
“ Not exceeding 0.4 per cent.”



(b) Determinations made of milk fat in cream sold as preserved cream :—

(i.)	Above 35 per cent.	.....	...	1
(ii.)	Below 35 per cent.	...	...	Nil.
				=====
				1
				=====

- (c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article v. (1) and the proviso in Article v. (2) of the Regulations have not been observed ... Nil.
- (d) Particulars of each case in which the Regulations have not been complied with, and action taken ... Nil.

(3.) *Thickening substances.*

Any evidence of their addition to cream or to preserved cream. Action taken where found... Nil.

(4.) *Other observations, if any.*

All milk samples submitted for analysis are reported upon for preservatives.

## PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

A summary follows of the notifiable infectious diseases which occurred during each month of the year 1926. Ninety-eight cases were notified during the year, as compared with 142 in 1925 ; there was no marked outbreak of any notifiable infectious disease in 1926.

Seasonal Incidence of Acute Infectious Diseases, 1926.

Month.	Scarlet Fever.	Diph- theria.	Enteric Fever.	Erysip- elas.	Ophthal- mia Neona- torum.	Encep- halitis lethar- gica.	Pneu- monia.	Acute Polio- myelitis.	Puer- peral Pyrexia
January ...	9	1	—	1	—	—	4	—	—
February ...	3	1	—	—	—	—	8	—	—
March ...	2	4	—	—	—	—	7	—	—
April ...	10	2	—	2	—	—	3	—	—
May ...	3	2	—	1	—	—	1	—	—
June ...	1	2	—	—	—	—	—	—	—
July ...	5	—	—	1	—	—	1	—	—
August ...	1	1	—	—	—	—	—	—	—
September ...	—	2	—	—	—	—	1	2	—
October ...	—	—	—	—	1	—	—	1	—
November ...	1	—	—	—	1	—	2	1	—
December ...	2	—	—	2	2	—	1	—	3
Total ...	37	15	—	7	4	—	28	4	3

**Diphtheria.**—The attack rate per thousand population remained at the figure 0.4. Glancing at the Table appended it is noticed that in the years 1896 to 1900, Diphtheria was prevalent in the Borough ; again in the years 1911 to 1915, it was prevalent, though not on so extensive a scale. Arguing from these figures, the disease should again be rife in the period 1926 to 1930. There is, however, no rise in the year 1926, and it is hoped that by means of the care and attention devoted to children's teeth and to unhealthy conditions of the nose and throat, also to the eradication of Diphtheria carriers from the Borough population, that the rise, if any, in the 1926 to 1930 period, will be very slight. Only 15 cases were notified in 1926 ; one death occurred.

The Corporation provides anti-toxin, free of charge, for use by medical practitioners practising in the town. This anti-toxin can be obtained at the Public Health Offices at any hour. Specimens taken from suspicious cases are examined at the Public Health Offices and speedy reports of the examinations are given. Carriers, if found, are treated until the germ of Diphtheria has either disappeared or lost its poisonous



properties. Fourteen out of the 15 patients were treated in the Isolation Hospital.

Comparison of the Fatality, Incidence, and Mortality of Diphtheria in Different Years.

Year.	Estimated Population.	No. of Cases.	Deaths Registered	Fatality per cent.	Attack-Rate per 1,000 Population	Death-Rate per 1,000 Population	Rainfall in inches.
1890	28,148	20	5	25.0	0.71	0.18	—
1891	27,984	16	4	25.0	0.57	0.14	—
1892	28,345	24	5	20.8	0.85	0.17	—
1893	28,705	41	9	21.9	1.40	0.31	26.05
1894	29,065	40	5	12.5	1.37	0.17	36.58
1895	29,535	44	8	18.2	1.49	0.27	26.69
1896	29,895	67	14	20.9	2.24	0.46	30.07
1897	30,255	117	10	8.5	3.86	0.33	27.65
1898	30,615	278	31	11.2	9.07	1.01	23.39
1899	30,975	120	7	5.8	3.87	0.23	28.10
1900	31,335	82	3	3.6	2.61	0.10	31.28
1901	33,443	31	1	3.2	0.92	0.03	24.84
1902	33,773	23	2	8.7	0.68	0.06	25.19
1903	34,073	9	0	0.0	0.26	0.00	42.41
1904	34,373	12	1	8.3	0.34	0.03	29.32
1905	34,673	17	0	0.0	0.49	0.00	27.05
1906	34,973	10	0	0.0	0.28	0.00	32.74
1907	35,273	27	6	22.2	0.76	0.17	28.55
1908	35,573	29	2	6.9	0.81	0.06	29.53
1909	35,873	11	3	27.3	0.31	0.08	35.14
1910	36,173	15	1	6.6	0.41	0.03	35.14
1911	35,778	69	8	11.6	1.92	0.22	35.19
* 1912	36,038	91	10	11.0	2.52	0.28	38.18
1913	36,298	129	4	3.1	3.5	0.11	—
1914	36,460	154	1	0.6	4.2	0.02	30.91
1915	33,430	83	5	6.0	2.5	0.15	35.15
1916	32,316	53	7	13.2	1.6	0.22	35.69
1917	30,751	40	1	2.5	1.3	0.03	31.38
1918	32,297	23	1	4.3	0.8	0.03	28.95
1919	34,423	57	7	12.3	1.6	0.20	29.24
1920	35,795	64	3	4.7	1.8	0.08	25.13
1921	34,270	32	1	3.1	0.9	0.03	16.45
1922	34,360	26	0	0.0	0.8	0.00	30.82
1923	34,370	11	1	9.0	0.3	0.03	32.25
1924	34,330	11	1	9.0	0.3	0.03	36.42
1925	34,080	14	1	7.1	0.4	0.03	32.81
1926	34,430	15	1	6.6	0.4	0.03	29.78

\* Since 1912, mild cases diagnosed by bacteriological examination are included; prior to that year they were unrecognised as cases of diphtheria. The attack-rate per 1,000 population, before 1912, was calculated without the aid of this method of detecting the presence of diphtheria.

**Scarlet Fever.**—The type of this disease was extremely mild and the cases numbered 37 as compared with 72 in 1925.



The difficulty of diagnosing this disease is well known owing to the mild nature of the rash and other symptoms. The average number of cases in the previous five years was 73 per annum. Thirty-two of the 37 cases were treated in the Isolation Hospital.

**Enteric Fever.**—No cases either of Typhoid or Paratyphoid were notified in 1926.

**Encephalitis Lethargica.**—There were no cases notified.

**Acute Poliomyelitis.**—Four notifications were received in the autumn of 1926, at a time when one or two outbreaks occurred in England, of which one was in the County of Kent.

**Puerperal Pyrexia.**—Under the new regulations dealing with Puerperal Fever and Puerperal Pyrexia, three notifications were received in December; all of these were slight feverish conditions which rapidly cleared.

**Ophthalmia Neonatorum.**—Four cases of Ophthalmia Neonatorum occurred, all of them making complete recovery.

**Non-Notifiable Acute Infectious Diseases.**—Knowledge of these is chiefly obtained through schools in the first instance, and visiting at homes where school cases are notified enables the Health Visitors to discover the cases amongst younger children. Measles and Whooping Cough were rife in the spring months.

**Influenza.**—Only four deaths were ascribed to Influenza as compared with 13 in 1925. Cases were not numerous and were of mild type for the most part.

**Epidemic Diarrhoea and Enteritis.**—Epidemic Diarrhoea was not prevalent; in all, two deaths of infants were registered as being due to Diarrhoea and Enteritis, one of these being in the autumn and one in winter.

**Tuberculosis.**—Under **The Public Health (Tuberculosis) Regulations, 1924**, it is required that a register be kept of all tuberculous persons in the area, and that it be brought up to date each quarter when a statement of the number on the register is forwarded to the Health Authority of the Administrative County. The number of persons whose names were on the register at the close of the year 1925 was 116 Pulmonary and 36 Non-Pulmonary, and the number at the close of the year 1926, 130 Pulmonary and 48 Non-Pulmonary. The increase is largely due to a more complete record of all cases having now been obtained. The fresh cases and mortality during the year are set out in the accompanying Table.

### **TUBERCULOSIS.**

#### **New Cases and Mortality during 1926.**

Age-Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
0	—	—	—	—	—	—	—	—
1	—	—	4	1	—	—	—	1
5	1	1	1	1	1	—	—	—
10	—	—	3	—	—	—	—	—
15	—	2	1	—	—	1	—	—
20	5	6	—	—	2	—	—	1
25	5	7	—	1	2	5	1	—
35	7	4	—	—	2	2	—	—
45	6	1	—	1	5	—	—	—
55	2	2	—	—	1	1	—	—
65 & upwards	2	4	—	—	1	3	—	—
Totals ...	28	27	9	4	14	12	1	2

It has not been necessary to take any action under the “Public Health (Prevention of Tuberculosis) Regulations, 1925,” and no action was taken under Section 62 of the “Public Health Act, 1925.”

The death rate for the present year, 0.09, coincides with the average death rate for the previous five years, but is



higher than that for 1925 and 1924. Undoubtedly this rate should decrease and conditions which will favour its decrease are (1) Better housing accommodation with free access of light and air and with free use of the means of ventilation ; (2) better economic conditions with more regular employment and less under-nourishment prevailing ; (3) the spread of information upon the health-giving properties of sunlight and air and general teaching of personal hygiene ; (4) greater care on the part of the public to ensure a clean healthy food supply for themselves.

**Deaths from Tuberculosis During the Last 36 Years.**

Year.	Estimated Population.	Phthisis.	Phthisis. Death-rate	Other Forms of Tuberculosis.	Totals.	Tuberculosis Death-rate	Average Tuberculosis Death-rates
1890	28,148	37	1.32	12	49	1.38	1.77
1891	27,984	40	1.43	17	57	2.03	
1892	28,345	30	1.06	18	48	1.69	
1893	28,705	31	1.08	22	53	1.84	
1894	29,065	39	1.34	16	55	1.89	
1895	29,535	34	1.15	30	64	2.16	1.60
1896	29,895	25	0.83	21	46	1.54	
1897	30,255	25	0.82	11	36	1.19	
1898	30,615	21	0.68	20	41	1.35	
1899	30,975	40	1.29	15	55	1.77	
1900	31,335	20	0.63	24	44	0.85	1.24
1901	33,443	35	1.04	15	50	1.49	
1902	33,773	29	0.89	17	46	1.36	
1903	34,073	32	0.93	10	42	1.23	
1904	34,373	36	1.04	8	44	1.28	
1905	34,673	35	1.01	11	46	1.32	1.18
1906	34,973	28	0.80	8	36	1.03	
1907	35,273	35	0.99	8	43	1.22	
1908	35,573	20	0.56	14	34	0.93	
1909	35,873	43	1.19	7	50	1.39	
1910	36,173	28	0.77	11	39	1.08	1.00
1911	35,778	21	0.58	6	27	0.75	
1912	36,038	24	0.66	7	31	0.86	
1913	36,298	32	0.88	14	46	1.26	
1914	36,460	27	0.74	11	38	1.04	
1915	33,430	29	0.87	8	37	1.11	1.23
1916	32,316	28	0.87	12	40	1.24	
1917	30,751	30	0.97	13	43	1.40	
1918	32,297	36	1.11	17	53	1.64	
1919	34,423	29	0.87	10	39	1.16	
1920	35,795	21	0.59	12	33	0.92	0.84
1921	34,270	25	0.73	7	32	0.93	
1922	34,360	21	0.61	11	32	0.93	
1923	34,370	30	0.88	4	34	0.99	
1924	34,330	19	0.55	6	25	0.73	
1925	34,080	17	0.50	4	21	0.62	
1926	34,430	26	0.76	3	29	0.84	



**Tuberculosis and Venereal Diseases Schemes.**—Arrangements for *treating* tuberculous persons and those suffering from venereal diseases are in the hands of the County Council which has arranged times for consultations at the Tuberculosis Dispensary, and at the General Hospital respectively.

**Disinfection and Disinfestation.**—Of premises, bedding, and clothing, is carried out either by or under the supervision of the sanitary staff. One disinfecting chamber is situated near the Public Health Offices and a smaller disinfector is in use at the Isolation Hospital. Formalin, Bacterol, or Sulphur Gas is used according to circumstances. In cases of vermin infestation, disinfection of rooms, bedding and clothing is similarly carried out. There is no public cleansing station in the Borough, but arrangements have been made in the case of verminous families to have them treated at the Union Infirmary, Pembury.

Bedding is disinfected after Enteric Fever, and, on request, after Cancer cases with discharges. Spring cleaning, washing and boiling of bed linen and personal wear and thorough airing of rooms which have been occupied by infected persons are advised. The chief method of spread is by direct contact with the human carrier, and disinfection occupies a less prominent position than it once did, even in diseases such as Scarlet Fever and Diphtheria. The building up of the patient's health in an airy environment such as that of the Borough Isolation Hospital, and attention to unhealthy conditions of the nose and throat or ears, are more fruitful methods of diminishing spread of infection than routine fumigation of rooms. Small doses of any infection protect an individual by raising his immunity to the disease; only very small doses of infection are likely to be acquired from the dust of a room which has been occupied by a sufferer from a disease. These remarks apply to the acute infectious diseases, and not to a long-lived infection such as that of Tuberculosis. A few infectious diseases are liable to be

spread by means of clothing, books, etc. ; the majority do not spread in this way, and each case must be judged on its merits.

### MATERNITY AND CHILD WELFARE.

The Maternity Home referred to on page 25 has greatly increased the scope of its work in 1926, and in all cases where Tunbridge Wells mothers leave the Home and are not under the care of a private medical attendant, steps are taken to secure supervision of the mothers and babies immediately.

The two Child Welfare Centres which meet on Wednesday and Thursday afternoons respectively, are largely attended, and overcrowding of the Thursday Clinic at Tunbridge Wells is avoided by a fresh arrangement involving the attendance of babies for weighing on Tuesday afternoons. The attendance figures at the Centres are as follows :—

	Rusthall.	Tunbridge Wells.
Infants under 1 year ...	223	1,618
Children 1 to 5 years ...	390	1,426
Expectant Mothers ...	9	100
Mothers ...	501	2,522

Total consultations with Medical Officer, 1,547.

The usual autumn competitive examination on mothercraft was arranged, a set of questions was set and subjects for competition include sewing of baby garments, cutting down clothing to fit small children and the making of toys. Some of the fathers entered for this branch of the competition for the first time in 1926. This examination and distribution of prizes by the Mayor and Mayoress of the Borough was highly successful in increasing the popularity of the Child Welfare Centres.



The ladies who, in past years, have unselfishly devoted so much time and enthusiasm to carrying on the work of the Centres by offering their voluntary services, have continued to do so and have contributed largely to the success of the Clinics.

Miss Rice Oxley is no longer unaided in carrying out the duties of Child Welfare Nurse as the addition of a fresh Health Visitor to the staff has allowed of two-fifths of the time of Miss Donaldson and two-fifths of the time of Miss Ponting, being devoted to Child Welfare work. In this way the home visiting to give advice to parents of young children has been greatly extended. The re-arrangement of duties commenced on 1st May, 1926. The visits paid during the year were as follows :—

First visits to infants	...	...	464
Subsequent visits to infants	...	...	1,758
Visits to children 1 to 5 years	...	...	4,160
Visits to expectant mothers	...	...	155
Visits where infants have died	...	...	58
Visits—found no one at home	...	...	229

The Sub-Committee of the Maternity and Child Welfare Committee dealing with applications for assistance under the Milk (Mothers and Children) Orders, continued to meet on Monday mornings at the Public Health Offices and orders for 4,198 pints of fresh milk were granted. There were also issued free of cost :—135 lbs. dried milk, 58 lbs. Cod Liver Oil and Malt, 56 tins of Ovaltine, 22 pots of Virol and small quantities of some other foods or drugs. The Medical Officer also issued 147 certificates for milk to be supplied through the Guardians.



# BOROUGH OF ROYAL TUNBRIDGE WELLS.

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## EDUCATION COMMITTEE :

Mr. Councillor BERWICK (Chairman).

Mr. Alderman SILCOCK.  
Mr. Alderman WESLEY SMITH.  
Mr. Alderman WILLMOT.  
Councillor Miss BAKER.  
Mr. Councillor GILBERT.  
Mr. Councillor HARGREAVES.  
Mr. Councillor HILLMAN.  
Mr. Councillor OATEN.  
Councillor Miss POWER.  
Mr. Councillor SAUNDERS.

Mr. Councillor WICKENDEN.  
The Rev. Canon A. W. OLIVER,  
M.A.  
The Rev. T. G. GILLING-LAX,  
M.A.  
Lady MATTHEWS.  
Miss MAUD ROBERTS.  
Mr. J. A. PUNTON SMITH, M.B.E.  
Mr. C. A. PRESTON, M.A.  
Mr. C. H. STRANGE.

## STAFF OF THE SCHOOL MEDICAL DEPARTMENT :

**Clerk (*part time*) :**

F. HICKS.

**Junior Clerk (*part time*) :**

H. J. BELLINGHAM.

### School Nurses :

Miss F. CLARK.  
(*four-fifths time*).

Miss J. DONALDSON.  
(*two-fifths time*).

Miss A. I. PONTING  
(*two-fifths time*).

### School Dental Surgeon :

T. F. FOX, L.D.S., R.C.S. ENG.

### Ophthalmic Surgeon :

D. DAVIES, M.B., M.R.C.S., L.R.C.P.

**Assistant to School Medical Officer (*part time*) :**

C. ELLIOTT, M.R.C.S., L.R.C.P.

### School Medical Officer :

F. C. LINTON, M.A., M.B., CH.B., D.P.H.



# Report to the Education Committee.

BY

F. C. LINTON, M.A., M.B., Ch.B., D.P.H.,

*School Medical Officer.*

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MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you my Report upon the work of the School Medical Department during the year 1926.

On December 31st, 1926, there were within the area of the Borough no provided schools and 18 non-provided schools, including 25 departments, with recognised accommodation for 5,122 children. The average attendance during the year was 3,078.

The question of providing an open-air school to meet the needs of the physically defective or delicate children has advanced a further stage. The position now is this :—(1) A site for the school has been obtained. (2) An appeal for the necessary funds to build and equip the school has been issued. (3) The school on completion will be taken over by the Local Education Authority which will suitably staff and carry it on as part of the educational equipment for children under its care.

Stage (2) The appeal for funds, is meeting with a reasonable response: but some effort on everyone's part is needed to raise the required sum—about a thousand pounds—before the end of the year.

I am,

Ladies and Gentlemen.

Your obedient Servant,

F. C. LINTON.



## 1. STAFF.

On the first page of this Report are set out the names of the Staff, in which the following changes took place during the year :—(a) Mr. J. Stuart Smith, whose valuable services during the past years have been greatly appreciated, found himself unable owing to pressure of work, to continue to act as School Dental Surgeon. His place has been taken by Mr. T. F. Fox, L.D.S., R.C.S. ENG., who commenced duties on 1st December, 1926.

(b) **The School Nursing Staff.**—Miss Clark continues to devote four-fifths of her time to school work. Since 1st April, 1926, Miss Donaldson has devoted only two-fifths of her time to school work, and two-fifths to Maternity and Child Welfare. Miss A. I. Ponting, who commenced duties on 1st April, 1926, has taken over the school work formerly done by Miss Donaldson in the remaining two-fifths of her time.

The terms of Dr. C. Elliott's appointment to assist in the work of the School Medical Inspections were as before, his inspections being limited to not more than 1,000 children per annum.

## 2. CO-ORDINATION.

(a) **Infant and Child Welfare.**—The Maternity and Child Welfare Nurses and the School Nurses are under the direct control of the School Medical Officer, and co-ordination of the work is therefore complete.

(b.) **Nursery Schools.**—There are no Nursery Schools in the Borough.

(c). **The Care of Debilitated Children under School Age.**—Debilitated children under school age were assisted under the Milk (Mothers' and Children's) Rescission Order, 1921,

either by supplying milk or supplying Cod Liver Oil and Malt, free, or at cost price, according to circumstances ; also by giving certificates for relief from the Guardians where medical grounds necessitated additional nourishment : 147 such certificates were given by me during the year.

When a child either of school age or under is found by the Corporation Medical Staff to require a change of air, suitable arrangements are made in one of the following ways :—(i.) The parents may be able to take the child to the seaside, or to send him to relatives at the seaside or in the country. (ii.) Where such facilities do not exist, the case is referred to the Invalid Children's Aid Branch of the Charity Organisation Society which makes the necessary arrangements with Convalescent Homes. A change of air has thus been obtained in every case in which it was recommended.

## THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

### 3. SCHOOL HYGIENE.

As stated in my previous reports, some of the borough schools are far from ideal buildings—either in structure or environment—for the education of the young. Changed arrangements are being made, but so far as improvement of the premises is concerned, these changes make no radical alteration. Nothing short of an airy building, constructed on modern lines to serve as a central school, is likely to prove a real economy in health as well as in money. Meantime there has been some improvement in the cleanliness of class rooms and premises, of which the condition called for comment last year. Also at Christ Church school, after a careful survey of the premises by myself and by the Chief Sanitary Inspector, certain alterations were recommended which have been thoroughly carried out by the Managers and which



have considerably lessened the disabilities attendant upon occupancy of this school for teaching purposes.

#### 4. MEDICAL INSPECTIONS.

Three age groups were inspected, viz.:—Entrants, Intermediates (8 to 9 years of age), and Leavers (12 years of age and upwards). The total number of Routine Inspections was 1,297. (See Table I. at end of Report). In addition, 376 children were medically re-inspected in the Schools. At the School Medical Centre, 1,092 special inspections and 485 re-inspections took place. The total number of inspections was therefore 3,250.

The Board's Schedule of Medical Inspection was completely followed, with the exception that a number of children of the Intermediate group were not inspected until they had passed their ninth birthday. It was hoped that nearly all could be inspected in their eighth year, but the small numbers in some departments involved infrequent inspections. The fresh groupings of scholars under the new scheme should render the task of getting in touch with all children of eight years of age somewhat simpler.

School inspections were held in the afternoons, arrangements being made for the inspection of 25 children at each session. The parents are invariably notified before an inspection and their presence is requested.

#### 5. FINDINGS OF MEDICAL INSPECTIONS.

(a) **Uncleanliness.**—During the first session of 1926, ill-health in the nursing staff, coupled with a sharp epidemic of measles, involving much extra work, hindered the work of cleanliness inspections. This work was, however, fully resumed in the second session. Miss Clark and Miss Donaldson have, for five years, conducted a vigorous cam-



paign for greater cleanliness in the schools and the improvement which has shewn itself in the past has been more than maintained this year. The percentage of nits and vermin in 1926 was 6.0 as compared with 14.7 in 1922 ; it is the lowest percentage yet recorded. This good result is one for which all three school nurses deserve credit, and I cannot let the occasion pass without thanking them for their work. I also wish to thank those Head Teachers who have displayed practical interest in assisting to clear this unnecessary pest out of their schools.

The total number of inspections for the presence of vermin was 7,643, of this total 324 were re-inspections at school and 924 re-inspections made at the School Medical Centre. The school nurses themselves treated at the Centre 48 cases in which the parents, for one reason or another, found difficulty in clearing children's heads from nits. The nurses spend on an average an hour over each of these cases, continuing the treatment until the last nit was removed from the hair.

The following Table records the work done by the School Nurses at the routine head inspections, and the conditions found :—

## INSPECTIONS OF HEADS FOR YEAR 1926.

SCHOOL.	No. of Heads inspected.	No. in whom Nits only were found.	No. in whom Vermin found (head or body).	Percentage of Nits or Vermin found, 1926.	Percentage of Nits or Vermin found, 1925.	Percentage of Nits or Vermin found, 1924.	Percentage of Nits or Vermin found, 1923.	Percentage of Nits or Vermin found, 1922.
St. James', Boys ...	409	14	—	3.4	0.6	1.3	2.1	5.2
„ Girls ...	365	33	4	10.1	3.2	4.4	8.9	8.6
„ Infants ...	437	4	1	1.1	2.3	3.1	5.3	5.8
St. Barnabas', Boys ...	274	18	1	6.9	3.1	7.1	10.6	19.5
„ Girls ...	178	22	2	13.5	23.2	19.1	19.2	23.2
„ Infants ...	337	29	4	9.7	12.8	16.3	13.4	14.4
St. John's, Boys ...	212	4	3	3.3	1.7	2.9	5.3	7.0
„ Girls ...	165	8	3	6.6	12.2	11.9	19.9	25.9
Down Lane ...	200	11	2	6.5	4.7	4.0	6.5	8.9
St. Luke's ...	182	11	15	14.2	11.4	12.4	16.2	20.6
St. Augustine's ...	300	29	10	13.0	14.7	17.5	23.9	31.3
Grosvenor ...	388	10	1	2.8	1.5	3.5	2.9	4.7
Royal Victoria ...	265	4	—	1.5	1.8	4.7	5.0	7.7
Basinghall ...	247	16	2	7.3	7.8	7.2	12.6	15.6
Holy Trinity ...	390	30	2	8.2	16.0	16.3	17.4	24.9
St. Peter's, Boys ...	201	7	—	3.5	4.8	3.0	5.0	15.6
„ Girls ...	151	28	1	19.2	14.2	13.9	17.2	24.9
„ Infants ...	139	22	2	17.3	8.6	8.5	9.9	28.8
Rusthall, Boys ...	348	14	1	4.3	3.1	4.6	6.3	10.9
„ Girls ...	492	19	4	4.6	8.6	10.9	13.1	28.0
„ Infants ...	408	15	—	3.6	5.5	6.0	12.4	13.8
Murray House ...	373	8	2	2.6	4.2	3.9	4.1	4.7
King Charles' ...	427	5	1	1.4	0.7	1.3	0.7	1.3
Christ Church ...	173	8	—	4.6	14.1	12.2	18.7	34.2
St. Mark's, Mixed ...	159	1	—	0.6	9.8	12.9	8.4	19.3
„ Infants ...	—	—	—	—	—	10.3	18.7	15.8
Delicate Class ...	5	1	—	20.0	0.0	10.0	—	—
TOTALS ...	7,225	371	61	6.0	6.5	7.1	9.5	14.7

It should be noted that the number of children inspected was somewhat diminished. The number in whom live vermin were found decreased from 103 to 61. If a similar reduction could be made each year this nuisance would disappear from our Schools in a few year's time.

The method employed in notifying parents of the detection of vermin or their eggs has been fully detailed in previous Annual Reports. Where live vermin are discovered, children are excluded from School for a week, and every effort is



made to advise and aid the parents in getting the child thoroughly clear of the trouble.'

During 1926, no prosecutions for verminous conditions were undertaken under the School Attendance Bye-laws.

(*b.*) **Minor Ailments.**—Under this heading, which includes cuts, abrasions, (*e.*) skin disease and (*f.*) external eye disease, 325 cases were seen during the year; of these, 104 were cases of skin disease and 29 were cases of external eye disease.

(*c.*) **Tonsils and Adenoids.**—Five hundred and six children were noted as having enlarged tonsils; 49 others had adenoid growths, and 175 had enlargement of tonsils and adenoids, while 26 suffered from other conditions of the nose and throat. These large figures point to the continuance of unhealthy factors in the lives of the children tending to produce re-action and overgrowth of tissues normally small, in an attempt to deal with attacking poisons. I am of opinion that more fresh air and less dust both in the homes and in the School buildings, will go far towards diminishing the overgrowth of tissue in the breathing passages.

The prevalence of Measles during the Spring months was largely responsible for the increased number of children found to be suffering from unhealthy conditions of the nose and throat.

(*d.*) **Tuberculosis.**—Eleven cases of tuberculosis were found amongst the children inspected, and of these one was a case of tuberculosis of the lungs. In addition, 8 suspected cases of pulmonary tuberculosis were seen.

(*g.*) **Vision.**—One hundred and forty two cases of defective vision and 18 cases of squint were detected, all being referred to the Ophthalmic Surgeon for the necessary treatment.

(*h.*) **Ear Disease and Hearing.**—Defective hearing was noted in 32 cases, disease of the middle ear in 33, and other diseases in 17 cases.



(i.) **Dental Defects.**—Nine hundred and seventy three children were noted to be suffering from dental diseases. A few of the most urgent of these were referred directly to the School Dental Surgeon, most of whose patients are selected by himself at the School Dental Inspections for treatment. Many others were advised to have dental treatment elsewhere, facilities for such treatment being explained to the parents. At Routine Medical Inspections 854 out of 1,297 children inspected had defective teeth, a percentage of 66.

(j.) **Crippling Defects.**—Twenty-six children were found to be suffering from crippling defects. At the end of the year three of these were being educated at Certified Residential Schools and 17 attended ordinary schools. Two were attending a small voluntary class held by Miss Tritton for delicate children and 4 were at no School or institution.

## 6. INFECTIOUS DISEASE.

No Schools or classes were closed under Article 57 of the Code. A widespread outbreak of measles occurred in the Spring months of the year, there being 1,173 cases recorded amongst school children alone. 1,540 home visits were paid by the School Nurses in connection with these cases. The accompanying table records the incidence of various infectious diseases amongst school children during the year :—

Scarlet Fever.			Enteric Fever.			Diphtheria.			German Measles.		Measles.			Whooping Cough.		Chicken Pox.		Mumps.	
Boys.	Girls.	Deaths.	Boys.	Girls.	Deaths.	Boys.	Girls.	Deaths.	Boys.	Girls.	Boys.	Girls.	Deaths.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
5	14	—	—	—	—	3	1	1	33	37	589	584	—	93	99	40	49	5	1

**Action taken under 53 (b.) of the Code.**—One thousand nine hundred and forty-five notices were sent from this department to the Head Teachers of Schools, excluding children under Article 53 (b.) and an equal number of freeing notices were sent in due course.

## 7. FOLLOWING UP.

The following up of children is undertaken chiefly by the home visits of School nurses : also at the School Clinic, where children frequently come for re-inspection by the Medical Officer. The School Nurses work in 1926 included the following :—

Visits to Houses where the following Diseases have occurred.	1st Visits.	2nd Visits.	TOTAL.
Scarlet Fever ... ..	2	1	3
Diphtheria ... ..	—	—	—
Measles ... ..	1045	495	1540
German Measles ... ..	69	58	127
Mumps ... ..	7	4	11
Whooping Cough ... ..	191	178	369
Chicken Pox ... ..	96	106	202
Sore Throat ... ..	8	3	11
Ringworm (scalp) ... ..	—	2	2
„ (body) ... ..	1	—	1
Verminous Heads ... ..	52	9	61
Verminous Bodies ... ..	—	—	—
Impetigo Contagiosa ... ..	16	4	20
Scabies ... ..	4	3	7
Infectious Eye Disease ... ..	1	2	3
Other Diseases ... ..	192	186	378
Totals ... ..	1684	1051	2735

Visits paid to Elementary Schools for Medical Inspections ...	60
Number of Children prepared for Medical Inspections ...	1673
Number of Children prepared for Dental Inspection ...	1391
Visits paid to Elementary Schools for Dental Inspections ...	17
Other Visits to Elementary Schools ... ..	68
„ „ „ „ „ for Head Inspections ...	94
Home Visits arising out of Medical Inspections and for other information ... ..	1807
Cultures taken ... ..	26
Number of Heads Inspected ... ..	7643
„ „ found with Nits only ... ..	371
„ „ „ „ Vermin ... ..	61
Number of Children found with Body Vermin ...	0



## 8. MEDICAL TREATMENT.

(a.) **Minor Ailments.**—One hundred and eighty-three cases of minor ailments amongst the School children were treated during 1926 ; of these 148 were treated at the School Medical Centre, making 1,420 attendances ; the remaining 35 were treated elsewhere.

(b.) **Tonsils and Adenoids.**—One hundred and thirty-four children suffering from enlarged tonsils or adenoid growths or both, received operative treatment ; 70 of these operations were performed under the Local Education Authority's arrangements with the hospitals. The average sum paid for these operations by the parents was five shillings and eightpence. The total number recommended for treatment was 300 ; 50 per cent were actually treated, 134 by operation and 17 by other forms of treatment.

I am of opinion that the large number of children who now have their noses and throats freed from unhealthy conditions is a valuable factor in reducing the incidence of infectious disease. It is also bound to diminish the number and severity of catarrhal infections which sweep through the Schools during the wetter months.

The incidence of diphtheria continued low in 1926 as in the three previous years ; diphtheria carriers are rarer than they were in the past.

(c.) **Tuberculosis.**—A number of children were referred to the Tuberculosis Officer and of these one was notified as suffering from Pulmonary Tuberculosis.

(d.) **Skin Disease.**—One hundred and four cases of disease of the skin were found at Routine and Special Inspections as compared with 103 in 1925 and 105 in 1924. Eighty-two of these were classed as requiring treatment, 72 being treated at the Clinic and 9 being known to have had treatment elsewhere.



(e.) **External Eye Disease.**—Twenty-nine cases as compared with 28 in 1925 were detected, and of the 23 recommended treatment, 13 were treated at the School Clinic, being referred to the Ophthalmic Surgeon if necessary.

(f.) **Vision.**—One hundred and ten defects of vision and 13 cases of squint were found in the course of inspections. One hundred and seventeen of these were referred to the Ophthalmic Surgeon, from whom they received suitable treatment. At the School Clinic 488 attendances were made to see Dr. Davies, in addition, 333 attendances were made for atropine and other treatment for the eyes.

(g.) **Ear Disease and Hearing.**—Treatment was obtained in a number of cases at the Eye and Ear Hospital, children being referred with a personal note to the Aural Surgeon. Minor defects, such as wax in the ear, conditions of the external channel were treated at the School Clinic. Children with a marked degree of deafness were also referred to the Aural Surgeon at the Eye and Ear Hospital, and latterly were seen by him at the School Medical Centre.

The total number of cases suffering from defective hearing, diseases of the middle ear, or other morbid conditions of the ear was 82.

(h.) **Dental Defects.**—The School Dental Surgeon devoted 21 half-days to inspections in the Schools, and 106 half-days to treatment at the Centre. The total number of children inspected was 1,391, of whom 87 per cent. were found to require treatment. Six hundred and seventy-six were actually treated making 1,245 attendances as compared with 690 actually treated the previous year. It is still difficult to persuade some parents whose children are not actually suffering from toothache that commencing decay needs attention, but it is hoped by suitable propaganda work that

the number of such parents will gradually diminish. Fees charged for treatment at the Clinic are one shilling for gas administration and sixpence per child treated. The aim of the Dental Surgeon's work is to save teeth wherever possible, thus according with the aim of the Board of Education.

In 1922, with a view to encouraging tooth cleansing amongst school children, a number of tooth brushes and suitable tooth pastes were purchased out of voluntary funds, and were sold to School children applying for them at the School Medical Centre, or, in some instances, through the Head Teachers. The sale of these brushes and tooth pastes has been continued, and is helping materially to bring about an increased interest in oral hygiene. The brushes are sold at sixpence each, 39 being purchased by the children during 1926. 100 boxes or tubes of tooth paste have also been sold at a price of one penny each.

The details of the Dental Surgeon's work are given in Table IV., Group IV.

(i.) **Crippling Defects and Orthopaedics.**—Three crippled children were receiving both education and treatment in residential institutions at the end of the year, one boy and one girl being educated at the Heritage Craft Schools at Chailey, Sussex, another girl undergoing treatment at the Royal National Orthopaedic Hospital. At the General Hospital, Tunbridge Wells, there is a well-equipped orthopaedic department to which School children are sent for treatment. Dr. Horder directs the treatment and in each case a personal note is sent to him explaining the condition of the crippled child and asking that treatment may be given. In this way a considerable number of those cripples who require remedial exercises are obtaining them. It is hoped that at an early date more definite arrangements may be made so that children who ought to be having treatment may continue to do so for as long a period as is necessary.



## **9. OPEN-AIR EDUCATION.**

The Borough Education Committee has at present no facilities for open-air education under its control. The small voluntary classes held in a specially prepared hut in the garden of 33, Queen's Road, has continued to function throughout the year. The number of delicate children who attend it varied from 8 to 15. A former Infants School teacher was employed to take the classes, which were held from 10 o'clock to 12.15 daily.

An open-air School Committee has now been formed and is endeavouring to raise the necessary money to build and equip a suitable open-air school for forty children. As soon as this can be done, the Local Authority has undertaken to staff and run the school as part of its educational equipment for the children of the borough.

## **10. PHYSICAL TRAINING.**

There is no specially appointed Director of Physical Training in Tunbridge Wells, and it is left to the Head Teachers to organise this branch of education to the best of their ability. So far, owing to the lack of any organised physical training arrangements, the work has not been closely associated with the School Medical Service. In every case in which a child's health is such as to impede or prevent his undertaking drill or severe physical exercises, notice to this effect is given to the Head Teacher at the time of inspection.

## **11. PROVISION OF MEALS.**

No action was taken under the Education Authority in this respect, but suitable extra nourishment is provided in cases of malnutrition by supplying milk in school or by other methods; payment for the nourishment provided is made either by funds at the disposal of the Managers Committee or from a voluntary fund raised by the School Medical



Staff. It has always been found possible to obtain the additional nourishment by one or other means when required.

## 12. SCHOOL BATHS.

The following are the arrangements made by the Baths Committee for School children at the Tunbridge Wells Corporation Baths and at the Open-Air Baths during the summer months :—

**Open-air and Indoor Swimming Baths.**—The Baths Committee of the Town Council have arranged to admit scholars from the elementary Schools in the Borough when in charge of a teacher and bringing their own towels, free of charge to the Baths ; the accompanying teacher is also admitted free of charge. For these privileges the Education Committee pays the Baths Committee a sum of ten shillings per week for the services of a swimming instructor and a payment of a half-penny in respect of each scholar admitted to the Open-air bath during school hours, and a sum of one penny for each scholar admitted to the indoor bath during school hours, on any week day save Monday. The swimming instructor is available at the Open-air bath from June to August, and during the remaining nine months of the year at the Indoor bath. The number of attendances has again risen considerably, being 14,034. Tests are made, and badges for proficiency are given to scholars who have qualified to be expert swimmers.

## 13. CO-OPERATION OF PARENTS.

Postcards are prepared in the Health Offices and are sent to the Head Teacher prior to the holding of a Medical Inspection, for address and distribution to the parents, requesting their attendance. The percentage of parents attending at the inspections shows a slight decrease and was as follows :—79 per cent. attended at the inspection of infants ; 50 per cent. at the inspection of senior boys ; and 64 per cent. at the inspection of senior girls.

#### **14. CO-OPERATION OF TEACHERS.**

(i.) **MEDICAL INSPECTION.**—The Head Teacher is present at Medical Inspections and is informed of all cases in which special care is required on account of the child's physical condition.

(ii.) **FOLLOWING-UP.**—The Head Teachers keep in touch with the School Nurses and frequently add their advice and counsel to the parents in the matter of obtaining treatment where defects call for it.

(iii.) **MEDICAL TREATMENT OF THE CHILDREN.**—The Head Teachers are all informed of the advisability of sending any child who appears to be below his usual state of health to the School Medical Centre in cases where the child is not already receiving private medical attention. The power to send children to the Centre is vested in the School Medical Staff, Head Teachers, School Attendance Officer, or parents. In order to facilitate the recording of school attendances a card is issued to allow of the time spent at the medical treatment centre to be recorded for school attendance purposes. This arrangement is much appreciated by the teachers, as it dispenses with loss of attendance marks on such occasion.

#### **15. CO-OPERATION OF SCHOOL ATTENDANCE OFFICER.**

The School Attendance Officer whose office is situated at the Town Hall, keeps in constant touch with the School Medical Department and co-operation is cordial and complete.

#### **16. CO-OPERATION OF VOLUNTARY BODIES.**

(i.) No call is made upon voluntary bodies in connection with the work of medical inspection.

(ii.) In following-up mentally defective children, the Kent Voluntary Association for Mental Welfare does useful



work and it has also established an occupation centre meeting in St. Barnabas' Hall, in which children of the imbecile class or a few low-grade feeble-minded children are taught some handwork and otherwise occupied.

(iii.) The Invalid Children's Aid Branch of the Charity Organisation Society is always appealed to when it is desired to get a child to a Convalescent Home and the arrangements are made by the Secretary of the I.C.A. This has been of great help in the medical treatment of invalid children, and I am glad to have this opportunity of acknowledging my indebtedness to the Society for this work. The Surgical Aid Society provides letters—each of the value of five shillings—in all cases where glasses have been recommended to children whose parents have been found on investigation to require such assistance. In 18 out of 60 cases assistance was given in 1926.

## **17. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.**

These children come to notice through the Health Visitors and School Teachers and also through the Maternity and Child Welfare Centres. No special Schools for such children exist in the Tunbridge Wells area, but under arrangements made by the Education Committee the following children have been dealt with.

(a). BLIND.—One girl is an inmate of a certified School for the Blind at Brighton. Seven other children who are suffering from marked short-sightedness are attending ordinary elementary Schools, and another is at no school or institution.

(b.) DEAF.—Two children who are too deaf to benefit from ordinary elementary School training are inmates of a certified School for the deaf in Brighton.



There are also 11 partially deaf children attending ordinary School all of whom have been or are receiving treatment at the Eye and Ear Hospital.

(c.) MENTALLY DEFECTIVE.—Fourteen examinations of fresh children presented for mental defects were made during 1926, the children being classed as follows :—One of normal intelligence, five dull or backward, four feeble-minded within the Meaning of the Mental Deficiency Acts, and four imbecile. In addition, amongst a number of children re-inspected, one formerly classed as dull or backward is re-classified as feeble-minded, and another classed as feeble-minded has now been placed in the imbecile class.

Two children, one boy and one girl certified as feeble-minded, were, on 31st December, 1926, residents of institutions for training the mentally deficient, the Local Education Authority being responsible for their maintenance. Two boys and two girls were notified to the Local Control Authority as imbecile or idiot during the year.

The sending of feeble-minded children to the Tonbridge Special School as daily pupils was begun in the autumn of 1925. The arrangement proved satisfactory and in 1926, ten places were taken for Tunbridge Wells children at this School, which is distant  $4\frac{1}{2}$  miles from Tunbridge Wells. The children travelled daily by 'bus and at the end of the year negotiations for a special 'bus to convey the children to and from the School door were satisfactorily concluded. This improvement in the transport is greatly appreciated by the parents. Besides the ten feeble-minded children attending the Special School, nine such children are attending ordinary School in Tunbridge Wells. Of four children reported in 1926 to the Local Control Authority as imbecile, two are attending an Occupation Centre run by the Kent Voluntary Association for Mental Welfare; the other two are not attending any School or centre.

(*d.*) **EPILEPTIC.**—One boy is being maintained and educated at an Epileptic Colony, the Local Education Authority being responsible for his maintenance. In addition four cases of epilepsy, none severe, are attending the Public Elementary Schools.

(*e.*) **PHYSICALLY DEFECTIVE.**—Under this heading, at the end of the year were classed 101 children (see Table III). Of these 74 were attending Public Elementary Schools; Under the Local Education Authority's arrangements, one was being educated and treated at the Royal National Orthopaedic Hospital and two at the Certified Residential School at Chailey, Sussex; of three who suffered from Pulmonary or Glandular Tuberculosis, one attended School, one the Open-air Class, and one was at no school. Thirteen children were attending the Open-air class held in the hut in Miss Tritton's garden in Queen's Road, and nine other physically defective children were not attending any school or institution; one cripple was attending the Technical Institute, and one, also feeble-minded, attended the Special School at Tonbridge.

## **18. NURSERY.; 19. SECONDARY; AND 20. CONTINUATION SCHOOLS.**

There are no Nursery Schools in the Borough and the arrangements for Medical Service in the Secondary and Continuation Schools are undertaken by the County Council.

## **21. EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.**

Employment of Elementary School children is not of considerable extent and takes the shape of doing paper rounds, occasionally errand rounds on Saturdays, and acting as houseboys in a few instances. During 1926, 73 certificates were granted to fresh children.

The physical condition of the children applying for employment has been good, and in only six instances has a certificate been refused on medical grounds to applicants.

## 22. STATISTICAL TABLES.

The four Statistical Tables required by the Board of Education are appended, and these give detailed information of the work done in the various branches of the School Medical Service.

I am,

Ladies and Gentlemen,

Your obedient Servant.

F. C. LINTON.





TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR  
ENDED 31ST DECEMBER, 1926.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treat- ment.	Requiring to be kept under ob- servation, but <i>not</i> requiring Treatment	Requiring Treat- ment.	Requiring to be kept under ob- servation, but <i>not</i> requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition ... ..	1	36	12	11
Uncleanliness : (See Table IV., Group V.) ... ..	—	—	—	—
Skin—				
Ringworm—Scalp ... ..	—	—	6	—
Body ... ..	—	—	5	—
Scabies ... ..	—	1	3	—
Impetigo ... ..	1	5	45	—
Other Diseases (Non-Tuberculous) ... ..	2	6	20	10
Eye—				
Blepharitis ... ..	1	4	11	2
Conjunctivitis ... ..	—	—	6	—
Keratitis ... ..	—	—	1	—
Corneal Opacities ... ..	—	—	—	—
Defective Vision (excluding Squint) ... ..	98	29	14	1
Squint ... ..	4	1	9	4
Other Conditions ... ..	2	—	2	—
Ear—				
Defective Hearing ... ..	5	11	11	5
Otitis Media ... ..	4	15	11	3
Other Ear Diseases ... ..	1	10	6	—
Nose and Throat—				
Enlarged Tonsils only ... ..	79	291	60	76
Adenoids only ... ..	10	27	10	2
Enlarged Tonsils and Adenoids ... ..	75	35	56	9
Other Conditions ... ..	1	9	9	7
Enlarged Cervical Glands (Non-Tuberculous) ... ..	1	331	7	12
Defective Speech ... ..	—	—	—	—
Teeth—Dental Diseases ... ..	133	721	88	31
(See Table IV., Group IV.)				
Heart and Circulation—				
Heart Disease—Organic ... ..	—	4	—	12
Functional ... ..	—	34	1	15
Anæmia ... ..	1	7	4	5
Lungs—				
Bronchitis ... ..	2	10	15	7
Other Non-Tuberculous Diseases ... ..	1	2	—	—
Tuberculosis—				
Pulmonary—Definite ... ..	—	—	1	—
Suspected ... ..	—	—	8	—
Non-Pulmonary—Glands ... ..	—	3	4	—
Spine ... ..	—	—	—	—
Hip ... ..	—	—	—	1
Other Bones and Joints ... ..	—	1	—	—
Skin ... ..	—	—	—	—
Other Forms ... ..	—	—	1	—
Nervous System—				
Epilepsy ... ..	—	2	—	—
Chorea ... ..	—	2	8	—
Other Conditions ... ..	1	26	1	3
Deformities—				
Rickets ... ..	—	14	1	1
Spinal Curvature ... ..	—	4	2	—
Other Forms ... ..	2	20	5	6
Other Defects and Diseases ... ..	12	54	80	46

TABLE II.—continued.

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES)

GROUP. (1)	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
<b>CODE GROUPS:—</b>			
Entrants ... ..	443	136	30.7
Intermediates ... ..	218	83	38.0
Leavers ... ..	429	122	28.4
Total (Code Groups) ... ..	1090	341	31.3
Other Routine Inspections ... ..	207	65	31.4

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

—	—	—	Boys	Girls.	Total.
BLIND (including partially blind)	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ...	—	1	1
		Attending Public Elementary Schools ... ..	—	—	—
		At other Institutions ... ..	—	—	—
		At no School or Institution ...	—	—	—
	(ii.) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...	—	—	—
		Attending Public Elementary Schools ... ..	3	4	7
At other Institutions ... ..		—	—	—	
At no School or Institution ...		—	1	1	
DEAF (including deaf and dumb and partially deaf).	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ... ..	1	1	2
		Attending Public Elementary Schools ... ..	—	—	—
		At other Institutions ... ..	—	—	—
		At no School or Institution ...	—	—	—
	(ii.) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ... ..	—	—	—
		Attending Public Elementary Schools ... ..	6	5	11
At other Institutions ... ..		—	—	—	
At no School or Institution ...		—	—	—	
MENTALLY DE- FECTIVE.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ... ..	9	5*	14
		Attending Public Elementary Schools ... ..	4	5	9
		At other Institutions ... ..	1	—	1
		At no School or Institution ...	—	—	—
	Notified to the Local Control Authority <i>during the year</i> .	Feeble-minded ... ..	—	—	—
		Imbeciles ... ..	2	2	4
Idiots ... ..		—	—	—	

\* includes one girl who is also a cripple.



TABLE III.—continued.

			Boys	Girls	Total
EPILEPTICS.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ...	1	—	1
		In Institutions other than Certified Special Schools ...	—	—	—
		Attending Public Elementary Schools ...	—	—	—
		At no School or Institution ...	—	—	—
PHYSICALLY DEFECTIVE	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ...	3	1	4
		At no School or Institution ...	—	—	—
	Infectious pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	—	—
		At Certified Residential Open-Air Schools ...	—	—	—
		At Certified Day Open-Air Schools ...	—	—	—
		At Public Elementary Schools...	1	—	1
		At other Institutions ...	—	—	—
		At no School or Institution ...	1	—	1
	Delicate children ( <i>e.g.</i> , pre- or latent tuberculosis, malnutrition, debility, anæmia, etc.).	At Certified Residential Open-Air Schools ...	—	—	—
		At Certified Day Open-Air Schools ...	—	—	—
		At Public Elementary Schools ...	26	17	43
		At other Institutions ...	4	9	13†
		At no School or Institution ...	—	—	—
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	—	—	—
		At Public Elementary Schools ...	7	5	12
		At other Institutions ...	—	—	—
		At no School or Institution ...	1	3	4
	Crippled Children (other than those with active tuberculous disease), <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ...	—	1	1
		At Certified Residential Cripple Schools ...	1	1	2
		At Certified Day Cripple Schools ...	—	—	—
		At Public Elementary Schools ...	8	9	17
		At other Institutions ...	1	1	2
		At no School or Institution ...	3	1	4

† At an Open-Air Class, meeting in hut in private garden ; teaching voluntarily arranged by owner of the house and garden.

TABLE IV.  
RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1926.  
TREATMENT TABLE.  
GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp	7	—	7
Ringworm-Body	3	2	5
Scabies	1	4	5
Impetigo	39	—	39
Other skin disease	22	3	25
Minor Eye Defects— (External and other, but excluding cases falling in Group II.)	13	3	16
Minor Ear Defects	16	13	29
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.)	47	10	57
Total	148	35	183

TABLE IV.—continued.

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)				
Defect or Disease.  (1)	No. of Defects dealt with.			
	Under the Authority's Scheme.  (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.  (3)	Otherwise.  (4)	Total.  (5)
Errors of Refraction (including Squint) Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	139	—	—	139
	19	—	—	19
	158	—	—	158
Total	...	...	...	...
Total number of children for whom spectacles were prescribed—				
(a) Under the Authority's Scheme	...	...	...	62
(b) Otherwise	...	...	...	61
Total number of children who obtained or received spectacles—	...	...	...	1
(a) Under the Authority's Scheme	...	...	...	60
(b) Otherwise	...	...	...	59
	...	...	...	1



**TABLE IV.—continued.**

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.				
Received Operative Treatment.			Received other forms of Treatment. (4)	Total number treated. (5)
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)		
70	64	134	17	151

TABLE IV.—continued.

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were:— (a) Inspected by the Dentist:	Aged:		(2) Half-days devoted to:—		
	Routine Age Groups—		Inspection ...	Treatment ...	
	5	63	...	...	21
	6	101	...	...	106
	7	111	...	...	127
	8	106	...	...	1245
	9	141	...	...	666
	10	161	...	...	273
	11	201	...	...	939
	12	195	...	...	150
	13	154	...	...	905
	14	16	...	...	1055
Total ...	...	1249	...	...	134
Specials ...	...	142	...	...	...
Grand Total ...	...	1391	...	...	...
(3) Attendances made by children for treatment					
(4) Fillings:—					
Permanent teeth ...					
Temporary teeth ...					
Total ...					
(5) Extractions:—					
Permanent teeth ...					
Temporary teeth ...					
Total ...					
(6) Administrations of general anæsthetics for extractions					
(7) Other operations:					
Permanent teeth ...					
Temporary teeth ...					
Total ...					

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GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses ...	3.8
(ii.) Total number of examinations of children in the Schools by School Nurses ...	7,643
(iii.) Number of individual children found unclean ...	338
(iv.) Number of children cleansed under arrangements made by the Local Education Authority ...	48
(v.) Number of cases in which legal proceedings were taken:—	
(a) Under the Education Act, 1921 ...	0
(b) Under School Attendance Bye-Laws ...	0

# Number of Children Medically Inspected at each School.

SCHOOL.	GRADE.	BOYS.	GIRLS.
Basinghall ... ..	Infants ...	11	13
Rusthall ... ..	"	40	50
" ... ..	Boys ...	45	—
" ... ..	Girls ...	—	24
St. Mark's ... ..	Mixed ...	9	4
Christ Church ... ..	"	12	17
Murray House ... ..	"	10	43
King Charles ... ..	Boys ...	71	—
Royal Victoria ... ..	"	87	—
Holy Trinity ... ..	Girls ...	—	30
St. Peter's ... ..	Boys ...	55	—
" ... ..	Girls ...	—	23
" ... ..	Infants ...	12	16
St. James' ... ..	Boys ...	70	—
" ... ..	Girls ...	—	86
" ... ..	Infants ...	52	49
St. John's ... ..	Boys ...	51	—
" ... ..	Girls ...	—	45
Down Lane ... ..	Infants ...	39	32
Grosvenor ... ..	Mixed ...	26	30
St. Augustine's ... ..	"	45	42
St. Barnabas' ... ..	Boys ...	51	—
" ... ..	Girls ...	—	30
" ... ..	Infants ...	29	32
St. Luke's ... ..	"	15	7
		730	567

Total ... 1297

## RE-INSPECTIONS—

Improved ...	112
Stationary ...	134
Cured ...	95
Worse ...	35
	376

TOTAL 1673











